CILL

| | PLE/ | ASE READ | ALL INST | RUCTIONS BEFORE C | OMPLETII | NG THIS!FORM. | |
|--|---|---|---|--|---|---------------------------------------|----------------------|
| CORPORATION REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | O4 APR 16 AM 8:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| 1. Corporat | JMENT # PO tion Name PEAK ROOFIN | | RUCTION, IN | NC. | | | |
| · ' | | | | ice Address | REINS | ALLALA | 07-04 |
| | CA BUILDING 3 | 37 | Suite, Apt. #, etc. JAMAICA BUILDING 337 | | 4. Date incorporated or Qualified To Do Business in Florida 07/09/2002 | | |
| City & State SOUTH PASADENA FL | | | SOUTH PASADENA FL | | 5. FEI Number Applied For 86-1050938 Not Applicable | | |
| Zip 33707 | Count PINE | ry LLAS | Zip 33707 | Country PINELLAS | 6. CERTIFICATE | | itional Fee required |
| | l ' | | 7. Na | ame and Address of Current Registe | red Agent | | |
| | Name PIKE, RICKY S | | | | | | |
| | Street Address (P. 7401 BAY IS | O. Box Number is N LAND DRIVE | | | | | |
| | Suite, Apt. #, Etc. JAMAICA BUILDING 337 | | | | | | |
| | City SOUTH PASADENA | | | · | State Zip Code FL 33707 | | |
| 8. I, being Signature o Registered | of Le | akes 21 | ove named corpor | ation, am familiar with and accept the i | obligations of section | Date | |
| 9. Names | and Street Addresse | s of Each Officer an | d/or Director (Flo | rida nonprofit corporations must list at t | east 3 directors) | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | City / State / Zip | |
| PSD | PIKE, RICKY S | | | 7401 BAY ISLAND DR JAMAICA 337 | | SOUTH PASADENA FL 33707 | |
| Т | PIKE, MISSY | | | 7401 BAY ISLAND DR JAMAICA 337 | | SOUTH PASADENA FL 33707 | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | <u>600032894306</u> 04/16/0401004017 **908.75 | | | |
| | | | | | U4/16/ | D401004011 **: |)UQ. IJ |
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| this re owed! | instatement application by the corporation have | n, the reason for dis re been paid and the | solution has been a names of individ | npowered to execute this application as eliminated, the corporate name satisficuals listed on this form do not qualify fove the same legal effect as if made und | es the requirements r an exemption und | s of section 607.0401 or 617.0401, F. | S., that all fees |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$ 908.75

Daytime Phone #