

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 7:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000090943

1. Corporation Name

One Roofing Inc.

REINSTATEMENT 03-04

2. Principal Office Address

3020 NE 32nd Ave

Suite, Apt. #, etc.

504

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

3020 NE 32nd Ave

Suite, Apt. #, etc.

504

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

300029415623

02/26/04--01004--005 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/02

5. FEI Number

32-0027647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARY A. LUBETSKY, KRINZMAN, HUSS & LUBETSKY

Street Address (P.O. Box Number is Not Acceptable)

1111 Brickell Avenue

Suite, Apt. #, Etc.

Suite 2915

City

Miami

State

FL

Zip Code

333131

300029415623

03/16/04--01094--014 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/18/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Oren Hudson III	3020 NE 32nd Ave #504	Ft. Lauderdale, FL 33308
V Pres	Nancy Melamed	3020 NE 32nd Ave #504	Ft. Lauderdale, FL 33308

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Oren Hudson Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

Daytime Phone #

305-742-4394

CR2081 (01/04)