PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	06 SEP 25 PM 3: 50
985	1111	SEGNETARY OF STATE
DOCUMENT # PO2 000 111675		TALLAHASSEE, FLORIDA
J.J. Roof Painting + Remodely Contractors, Inc		05-0
V		THE TAILER AS
2. Principal Office Address 67115 W 284 (Outt	3. Mailing Office Address 6711 Sw 28 th Got	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State Miraner, Florida	City & State	To Do Business in Florida 10/16/200 2- 5. FEI Number Applied For
Zip Country	Mirana Florida Zip Country	3714 77 979 Not Applicable
33033 VSA	Zip 3993 Country VS A	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Jacques Marcellus		
Street Address (P.O. Bok Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City Mirana	FL 33023	State Zip Code 33023
8. 1, 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 Pate Pate Agent Musical Date 9/21/0 6		
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P,S,T,D Jacques Marro	1105 6711 SW 284	Court Miraner, Fl 33023
- +00080144884 09/25/06-01039-025 **600.00		
Br. 100		
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 filling		
to critis that I am an onicer of director or the receiver or trustee empowered to execute this application is provided to include the comporation 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 contained in Chapter 119, 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.		
(78c) 277-0440		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR Date Daytime Phone #		

D. Floraba Department of State División of corporation 9-21-2006 J.J. Roof painting Remodeling out enc Document No 02000111 675 Dear. Mr or Ms I want you to know-that I dont Received the numer fees for my corp -Decourse I don't Received the year for 2005 N 2006- I WILL Send of check Ford 600.00 For the part Due For Reinsterd My confioustron Thank you for your Coorporation Truly Jaeques Harreller