

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000117772

1. Entity Name

A & F ROOFING, INCORPORATION



Principal Place of Business
1090 FISHERMAN STREET
OPA LOCKA, FL 33054

Mailing Address
1090 FISHERMAN STREET
OPA LOCKA, FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004

REIN-P

CR2E098 (6/04)

4. FEI Number

23-2818584

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAUSTIN, ANDRE
1090 FISHERMAN STREET
OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FAUSTIN, ANDRE
STREET ADDRESS 1090 FISHERMAN STREET
CITY-ST-ZIP OPA LOCKA, FL 33054

☐ Delete

TITLE SD
NAME FAUSTIN, MARIE
STREET ADDRESS 1090 FISHERMAN STREET
CITY-ST-ZIP OPA LOCKA, FL 33054

☐ Delete

TITLE D
NAME FAUSTIN, MCANDREW
STREET ADDRESS 1090 FISHERMAN STREET
CITY-ST-ZIP OPA LOCKA, FL 33054

☐ Delete

TITLE D
NAME FAUSTIN, JOEL
STREET ADDRESS 1090 FISHERMAN STREET
CITY-ST-ZIP OPA LOCKA, FL 33054

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400042611584
11/09/04--01089--017 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 NOV -9 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

