PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP 17 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P03000074271

1. Corporation Name

Rooftop Roofing, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1905 W. Chase Street		3333 S. Bannock St.,	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 215	
City & State Pensacola, FL		City & State Englewood, CO	
Zip 32502	Country USA	Zip 80110	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: June 30, 2003

5. FEI Number: 900138534 — 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: Philip M. Coutu

Street Address (P.O. Box Number is Not Acceptable): 1905 W. Chase Street,

Suite, Apt. #, Etc.:

City: Pensacola — State: FL — Zip Code: 32502

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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: _____ Date: 9/11/2014

REGISTERED AGENT MUST SIGN

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.	Philip M. Coutu	1905 W. Chase Street	Pensacola, Florida 32502
	REINSTATEMENT		SEP 17 2014
			R. HUNT

10. **E-mail Address:** erika@rooftoproofing.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 9/11/2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #