PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 MAY 13 PM 12:06

DOCUMENT # P03000101890

1 Corporation Name
WILLIAM MELVIN ROOFING

REINSTATEMENT 12-13

ORCE081 (11/10)

2 Principal Office Address (No P.O. Box #)
5213 CORTEZ DRIVE
Suite, Apt. #, etc.
City & State
ORLANDO, FLORID
Zip 32808 County ORANGE

3 Mailing Office Address
5213 CORTEZ DRIVE
Suite, Apt. #, etc.
City & State
ORLANDO FLORIDA
Zip 32808 County ORANGE

4 Date Incorporated or Qualified To Do Business in Florida
9/11/2003

5 FEI Number
30-0207086
Applied For
N/A 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
WILLIAM MELVIN
Street Address (P.O. Box Number is Not Acceptable)
5213 CORTEZ DRIVE
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32808

12-13

200247256T12
04/25/13--01036--002 **900.00

8 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent William Melvin Date
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
P	WILLIAM MELVIN	5213 CORTEZ DR, ORLANDO FLORIDA 32808	ORLANDO, FLORIDA 32808
V	ROBERT REYNOLDS	7930 KIMBRO LANE	ORLANDO FLORIDA 32818

10 E-mail Address: bm8@bellsouth.net
(To be used for future annual report notification)

11 I certify that I am an officer or director of 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: William Melvin WILLIAM MELVIN April 23 2013 407 298-3517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAY 14 2013
T. CAULEY