

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 24 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132550

1. Corporation Name

RASMUSSEN ROOFING SERVICES INC

100121119761
03/25/08--01011--005 **325.00

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

2028 LA SALLE ST

Suite, Apt. #, etc.

3. Mailing Office Address

2028 LA SALLE ST

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34231

Country

SARASOTA

City & State

SARASOTA FL

Zip

34231

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida 11-13-2003

5. FEI Number
20-0516717

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
ROB RASMUSSEN

Street Address (P.O. Box Number is Not Acceptable)
2028 LA SALLE ST

Suite, Apt. #, Etc.

City
SARASOTA

State Zip Code
FL 34231

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3-19-08

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	ROB RASMUSSEN	2028 LA SALLE ST	SARASOTA FL 34231

100121119761
03/25/08 01011 006 **90.00

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 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.

SIGNATURE:

Rob RASMUSSEN

Date

3-19-08

Daytime Phone #

941-3201913

3/24 am