PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -3 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000143512

600056777806
06/30/05--01019--001 **300.00

REINSTATEMENT 04-05

1. Corporation Name
ARCURE ROOFING & ALUMINUM CONTRACTING, Inc.

2. Principal Office Address	3. Mailing Office Address
5225 COMPASS POINTE CIR.	5225 COMPASS POINTE CIR
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State VERO BCH. FL.	City & State VERO BCH. FL.
Zip ~~FL~~ 32966 Country ~~INDIAN RIVER~~ United States	Zip 32966 Country U.S.A. ~~SAVANNAH~~

4. Date Incorporated or Qualified To Do Business in Florida 12-2-03

5. FEI Number 20-0509489 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANGELO ARCURE

Street Address (P.O. Box Number is Not Acceptable): 5225 COMPASS POINTE CIR

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08/15/05--01004--004 **600.75

Suite, Apt. #, Etc.:

City: VERO BCH. State: FL Zip Code: 32966

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: 6-22-05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	ANGELO ARCURE	5225 COMPASS POINTE CIR.	VERO BCH. FL. 32966
V	ROBIN ARCURE	5225 COMPASS POINTE CIR.	VERO BCH FL. 32966
S	EDWARD BUBEN	2752 54TH AVE	VERO BCH FL. 32966

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 under section 119.07(3)(i), 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: _____ ANGELO ARCURE 6-22-05 (772)778-0583

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