2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			FILED
DOCUMENT # P03000153604 1. Entity Name			· ·
QUALITY ROOFING OF SW FLORIDA, INC.			OG DEC 26 AM B 55
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
11026 SMOKEY DRIVE	11026 SMOKEY DRIVE		MELENTINE STATE
BONITA SPRINGS, FL 34135	BONITA SPRINGS, FL 34	1135	
2. Principal Place of Business	3. Mailing Address		
11026 SMOKIY DR. 11026 SMOKIG		Lin DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	10PROPELLE LENGT V CESSESSE 11 NOTE & PER
City & State BONTIA SPRINGS	City & State	SPRINGS	17-1604113 Not Applicable
Zip Country 34135 461	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	CT2	7. Name and Address of New Registered Agent
GALES, JOSEPH		Name	
11026 SMOKEY DRIVE BONITA SPRINGS, FL 34135		Street Address	(P.O. Box Number is Not Acceptable)
			<u> </u>
		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 JANUARY	l-		10-2>-06
Signature, types or printed hame of registered about	and title if applicable. (NOTE:	Registered Agent signature requ	ilred when reinstating) DATE
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME GALES, JOSEPH	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 11026 SMOKEY DRIVE		STREET ADDRESS	200082777722 12/26/0601049008 **750.00
CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME	C Desete	NAME	_ Change _ Administ
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TIME	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP	<u>-</u>	CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-S1-ZIP		CITY-ST-ZIP	Channe C Addition
I TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	Detete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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			
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:	Thele		10-22.06 (839) 571-7533
	PRINTED NAME OF SIGNING OFFICER O		Daylare Phone 8

68 Method DEC 2.6 2006