

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000153604

FILED
Sep 30, 2008
Secretary of State

Entity Name: QUALITY ROOFING OF SW FLORIDA, INC.

Current Principal Place of Business:

11026 SMOKEY DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

11026 SMOKEY DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 17-1604113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALES, JOSEPH
11026 SMOKEY DR
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JOSEPH GALES, OWNER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GALES, JOSEPH
Address: 11026 SMOKEY DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V () Delete
Name: MOORE, JERRY
Address: 11026 SMOKEY DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Delete
Name: MUNOZ, RUDY
Address: 11026 SMOKEY DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOESPH GALES

OWNE

09/30/2008

Electronic Signature of Signing Officer or Director

Date