

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000028791 1. Entity Name SUNRISE ROOFING & HOME IMPROVEMENTS INC.					
Principal Place of Business 400 SOUTH BAY ST. 311 BUNNELL, FL 32110 US			Mailing Address 138 PALM COAST PKWY. NE SUITE 122 PALM COAST, FL 32137 US		
2. Principal Place of Business		3. Mailing Address 19 Penn Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm Coast FL		4. FEI Number 74-3114329	
Zip		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, ELISA A 90 BRUNING LANE PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Hall, Elisa A. Street Address (P.O. Box Number is Not Acceptable) 19 Penn Lane City Palm Coast FL Zip Code 32164	
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 <u><i>Elisa A. Hall</i></u> Elisa A. Hall 10-23-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALL, THOMAS P 90 BRUNING LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. Hall, Thomas P. 19 Penn Lane Palm Coast FL 32164
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALL, ELISA A 90 BRUNING LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Hall, Elisa A. 19 Penn Lane Palm Coast FL 32164
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	700061079927 11/01/05--01061--013 **158.75
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Blank]</i>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Blank]</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Blank]</i>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Elisa A. Hall</i></u> Elisa A. Hall 10-23-05 437-1451 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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