

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000043991

1. Corporation Name

RONALD ROSSI ROOFING, INC.

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

5051 WILES ROAD

3. Mailing Office Address

5051 WILES ROAD

Suite, Apt. #, etc.

UNIT 106

Suite, Apt. #, etc.

UNIT 106

City & State

COCONUT CREEK FLORIDA

City & State

COCONUT CREEK FLORIDA

Zip

33073

Country

USA

Zip

33073

Country

USA

7. Name and Address of Current Registered Agent

Name

RONALD ROSSI

Street Address (P.O. Box Number is Not Acceptable)

5051 WILES ROAD

Suite, Apt. #, Etc.

UNIT 106

City

COCONUT CREEK

State

FL

Zip Code

33073

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

2/17/07

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
PVST	RONALD ROSSI	5051 WILES ROAD UNIT 106	COCONUT CREEK FLORIDA 33073

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:

RONALD ROSSI, PVST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/07

Daytime Phone #

361-451-3722

FILED

07 MAR 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

05-62

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/2004

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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.