

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -3 PM 3:12
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05-06

CR2E081 (12/05)

DOCUMENT # P04000058483

1. Corporation Name Snow White Roof Painting INC.

2. Principal Office Address

1051 NW 196 TER

Suite, Apt. #, etc.

3. Mailing Office Address

1051 NW 196 TER

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33169

Country

Dade

Zip

33169

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

6/7/93

5. FEI Number

65-0506183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vivian A. Taylor

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

1051 NW 196 TER

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33169

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/27/06

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	Vivian Taylor	1051 NW 196 TER	Miami, FL 33169
S	Erica Lee	10675 SW 216 ST	Miami, FL 33170
M	Eric Stewart	7924 SW Oplean ST	Miami, FL 33023

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/06

Date

Daytime Phone #