

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125386 1. Entity Name ROOFING SOLUTIONS OF TAMPA, INC.					
Principal Place of Business 419 FOREST OAK DR SEFFNER, FL 33584				Mailing Address 419 FOREST OAK DR SEFFNER, FL 33584	
2. Principal Place of Business 5330 Causeway Boulevard		3. Mailing Address 5330 Causeway Boulevard		<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 0.8em;">05 OCT 10 AM 10:22</div> <div style="font-size: 0.6em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.7em;">10062005 REIN-P CR2E098 (6/04)</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State Tampa, Florida			
Zip 33619		Country		4. FEI Number 20-1652915	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GALLAGHER, PAUL D 419 FOREST OAK DR SEFFNER, FL 33584				7. Name and Address of New Registered Agent Name Gallagher, Paul D. Street Address (P.O. Box Number is Not Acceptable) 5330 Causeway Boulevard City Tampa FL Zip Code 33619	
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 Paul D. Gallagher x <i>Paul D. Gallagher</i> October 7, 2005 <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 \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, PAUL D 419 FOREST OAK DR SEFFNER, FL 33584	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Gallagher, Paul D. 5330 Causeway Boulevard Tampa, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: x <i>Paul D. Gallagher</i> October 7, 2005 (813) 690-9257 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

REINSTATEMENT