

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000138032

1. Entity Name
A & J ROOFING CONTRACTORS INC.



FILED
06 OCT 27 11 9:16

Principal Place of Business
4400 37TH AVE N
ST PETERSBURG, FL 33713

Mailing Address
4400 37TH AVE N
ST PETERSBURG, FL 33713

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



REINSTATEMENT

4. FEI Number
20-1696135

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, JOSE M
4400 37TH AVE N
ST PETERSBURG, FL 33713

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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 P ☐ Delete
NAME RAMOS, JOSE M
STREET ADDRESS 4400 37TH AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33713

TITLE ☐ Change ☐ Addition
NAME 800081259838
STREET ADDRESS 10/27/06--01007--010 ***150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GUTIERREZ, ABRAHAM
STREET ADDRESS 4015 W HENRY AVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jose M. Ramos Jose M. Ramos

10/22/06

(727) 455-6777

B. Mitchell OCT 27 2006