2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000146291

Name:

Address:

City-St-Zip:

LABELLE, CHRISTOPHER

OCALA, FL 34470

3512 E SILVER SPRINGS BLVD #70

FILED Oct 07, 2009 Secretary of State

Entity Name: ON THE ROOF CORPORATION					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3512 E SILVER SPRINGS BLVD SUITE 70 OCALA, FL 34470					
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
3512 E SILY SUITE 70 OCALA, FL	VER SPRING . 33470	S BLVD	3512 E SILVER SPRING SUITE 70 OCALA, FL 34470	GS BLVD	
FEI Number:	20-1776237	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PHILLIPS, 8741 NW 5	7TH ST	US	LABELLE, STEPHEN N 5 E SILVER SPRINGS I STE #70 OCALA, FL 34470 US		
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.					
SIGNATURE: STEPHEN M LABELLE				10/07/2009	
	e with s. 607.19	nic Signature of Registered Ago 3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LABELLE, STE	R SPRINGS BLVD #70	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	LABELLE, BRA	R SPRINGS BLVD #70	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	V () Delete	Title: () Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHEN M LABELLE PD 10/07/2009