

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 SEP -4 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
~~REINSTATEMENT~~
Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P05000142870*

1. Corporation Name
JK+R Construction Roofing Inc.
JSS Roofing, Inc.

2. Principal Office Address - No P.O. Box #
3. Mailing Office Address
750 So. OBT ste # 22

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

City & State
City & State
Orl, FL

Zip Country Zip Country
32805 USA

7. Name and Address of Current Registered Agent

Name
Robert P. Dorlan

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

Suite, Apt. #, Etc.

City State Zip Code
A Hamonte Sprgs FL

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 *Robert P. Dorlan* Date *May 14 07*
REGISTERED AGENT MUST SIGN

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
Pres.	Owner Johnny Simon	<i>750 So. OBT ste #22</i>	<i>Orl FL 32805</i>
V.P.	Robert P. Dorlan	<i>750 So. OBT. #22</i>	<i>Orl FL 32805</i>

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: *Johnny Simon* 5-1-07 407 928.3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number *(10/19/05)* ☒ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 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.