

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POS000163944

1. Corporation Name

Associated Roofers, Inc.

2. Principal Office Address

18501 NW 42 CT.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33007

Country

USA.

3. Mailing Office Address

11814 SW 100 Terr.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186.

Country

USA

FILED
07 APR 17 PM 3:43

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800098042638
04/24/07--01003--020 **300.00

REINSTATEMENT 0607

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2005

5. FEI Number

20-3963570

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

RODRIGUEZ, LAZARO

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

11814 SW 100 Terr.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186.

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

Date 1-05-07

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
P	FATER, ANTONIO	18501 NW 42 CT.	MIAMI FL 33007
V	Reyes, Victor	18501 NW 42 CT	MIAMI FL 33007
S.	RODRIGUEZ, LAZARO	11814 SW 100 Terr.	MIAMI FL 33186.

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

1-807

Date

(305) 274-4042

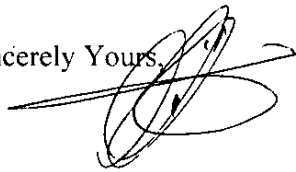
Daytime Phone #

January 8, 2007

To Whom It May Concern:

Please enclosed find a check in the amount of \$300.00 dollars to cover the annual report for 2006 and 2007 because I never received the renewal notices for 2006 and because of this reason the fees never were paid I hope of your understanding and activate my corporation for the \$300.00 dollar I am enclosing.

Sincerely Yours,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the left.

Lazaro Rodriguez