2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000017755

1. Entity Name
ROLL-OUT AWNING SPECIALIST, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 AM 11:55

Principal Place of Business	Mailing Address
9850-A 61ST WAY SOUTH BOYNTON BEACH, FL 33437	9850-A 61ST WAY SOUTH BOYNTON BEACH, FL 33437

10102007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
495 N.W. 52ND AVE	495 N.W. 52ND AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33445 Country	Zip: 33445 Country

4. FEI Number: 20-432 2004 ☐ 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
LEGGE, ROBERT J 9850-A 61ST WAY SOUTH BOYNTON BEACH, FL 33437	Name: FICEK, JAMES A Street Address (P.O. Box Number is Not Acceptable): 495 N.W. 52 ND AVE City: DELRAY BEACH FL Zip Code: 33445

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: [signature] JAMES A. FICEK 10/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	LEGGE, ROBERT J 9850-A 61ST WAY SOUTH BOYNTON BEACH, FL 33437	☐ Delete	800110726258 10/12/07--01053--020 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FICEK, JAMES A 495 NW 52ND AVE DELRAY BEACH, FL 33445	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

10/18/07

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: [signature] JAMES A. FICEK 10/10/07 561-441-6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #