

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000017755		
1. Entity Name ROLL-OUT AWNING SPECIALIST, INC.		

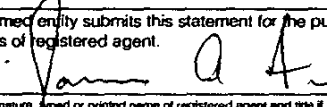
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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10102007 REIN-P CR2E098 (1/07)

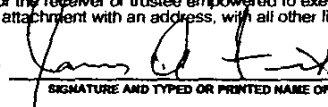
Principal Place of Business 9850-A 61ST WAY SOUTH BOYNTON BEACH, FL 33437		Mailing Address 9850-A 61ST WAY SOUTH BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box # 495 N.W. 52ND AVE		3. Mailing Address 495 N.W. 52ND AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33445		Zip 33445	
Country		Country	

6. Name and Address of Current Registered Agent LEGGE, ROBERT J 9850-A 61ST WAY SOUTH BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name FICEK, JAMES A Street Address (P.O. Box Number is Not Acceptable) 495 N.W. 52ND 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, typed or printed name of registered agent and title if applicable.		JAMES A. FICEK DATE 10/10/07 (NOTE: Registered Agent signature required when reinstating)	

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.
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800110726268 10/12/07--01053--020 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FICEK, JAMES A 495 NW 52ND AVE DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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