

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Aug 20, 2008  
Secretary of State**

DOCUMENT# P06000044886

Entity Name: MOLSBEE ROOFING, INC.

**Current Principal Place of Business:**

212 16TH AVENUE NORTH  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

212 16TH AVENUE NORTH  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 56-2570762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOLSBEE, MARK  
212 16TH AVENUE NORTH  
LAKE WORTH, FL 33460    US

**Name and Address of New Registered Agent:**

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: MARK MOLSBEE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOLSBEE, MARK  
Address: 212 16TH AVENUE NORTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP ( ) Delete  
Name: MOLSBEE, MARK  
Address: 212 16TH AVENUE NORTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: S ( ) Delete  
Name: MOLSBEE, MARK  
Address: 212 16TH AVENUE NORTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: T ( ) Delete  
Name: MOLSBEE, MARK  
Address: 212 16TH AVENUE NORTH  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARK MOLSBEE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

08/20/2008

\_\_\_\_\_  
Date