

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000070695

Entity Name: DAN STAMP ROOFING, INC.

FILED  
Oct 04, 2007  
Secretary of State

## Current Principal Place of Business:

902 MAIN STREET  
TITUSVILLE, FL 32796

## New Principal Place of Business:

908 MAIN STREET  
TITUSVILLE, FL 32796

## Current Mailing Address:

902 MAIN STREET  
TITUSVILLE, FL 32796

## New Mailing Address:

908 MAIN STREET  
TITUSVILLE, FL 32796

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STAMP, DANIEL L  
902 MAIN STREET  
TITUSVILLE, FL 32796 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: DANIEL L. STAMP

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: D ( ) Delete  
Name: STAMP, DANIEL L  
Address: 902 MAIN STREET  
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STAMP, DANIEL L  
Address: 902 MAIN STREET  
City-St-Zip: TITUSVILLE, FL 32796

Title: VPD ( ) Change (X) Addition  
Name: SLOLEY, LEONEIL  
Address: 320 BIRCH STREET  
City-St-Zip: TITUSVILLE, FL 32780

Title: SD ( ) Change (X) Addition  
Name: LEHMAN, LYNN  
Address: 605 CHILDRE AVENUE  
City-St-Zip: TITUSVILLE, FL 32796

Title: TD ( ) Change (X) Addition  
Name: REID, ANDREW  
Address: 904A MAIN STREET  
City-St-Zip: TITUSVILLE, FL 32796

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: LEONEIL SLOLEY

VP

10/04/2007

Electronic Signature of Signing Officer or Director

Date