2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

en

OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P06000074689 FILED 1. Entity Name CK CONSTRUCTION & ROOFING, INC. 07 OCT 11 AM 10: 30 Principal Place of Business Mailing Address OLUMITANT OF STATE FALLAHASSEE, FLORIDA 6604 COLONIAL LAKE DR. 6604 COLONIAL LAKE DR. RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12008 Dr. MLK Jr. Blvd. 12008 Dr. MLK Jr. Blvd 10 REINSTATEMENT 098 (1/07) Suite, Apt. #, etc Suite 7 Suite 7 City & State City & State Seffner. Seffner, FL Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33584 U.S.A. 33584 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARLOWE, MCNABB & STAYTON, P.A. Street Address (P.O. Box Number is Not Acceptable) 1560 W CLEVELAND **TAMPA, FL 33606** City Zip Code FL 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. 10.5.2007 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** TITLE ☐ Delete TITLE Channe Addition SCHNITZLER, CHRISTOPHER L NAME NAME 800110661418 STREET ADDRESS 2325 TOWERING OAKS CIRCLE STREET ADDRESS 10/11/07 - -01010 - -004**150 . DB CITY-ST-7/P SEFFNER, FL 33584 CITY-ST-ZIP VPTD TITLE □ Delete ☐ Change ☐ Addition TITLE CARTER, KENNETH L NAME NAME STREET ADDRESS 2325 TOWERING OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 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.

813842-1735

Daytime Phone #

10 5-2007