PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800184206718
08/10/10--01017--002 **550.00

800184206718
08/10/10--01017--001 **500.00

DOCUMENT # P06000081088

1. Corporation Name
Lovette's Roofing Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3461 N.W. 1st	3461 N.W. 1st
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Ft. Lauderdale, Fl	City & State
Zip: 33311 Country: U.S.A	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 753217419 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Harry L. Lovette
Street Address (P.O. Box Number Is Not Acceptable): 3461 N.W. 1st
Suite, Apt. #, Etc.
City: Ft. Lauderdale State: FL Zip Code: 33311

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 8/10/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Melvin Rainford	3461 N.W. 1st	~~Ft. Lauderdale~~ Ft. Laud, Fla
D	Anthony Ponder	505 N.W. 7th A.V.E	Pompano, Fla
D	Latangela Lovette	3461 N.W 1st	Ft. Lauderdale, Fla
P	Harry Lovette	3461 N.W. 1st	Ft. Lauderdale, Fl

10. E-mail Address: lovettangela@yahoo.com (To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 8/10/10 (954)865-5912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #