

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000091262

1. Entity Name

TRIPLE M. ROOFING SUPPLY, INC.



FILED

2007 OCT 31 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

295 WEST 22ND STREET  
HIALEAH, FL 33010

Mailing Address

295 WEST 22ND STREET  
HIALEAH, FL 33010

2. Principal Place of Business - No P.O. Box #

295 W 22nd St

3. Mailing Address

295 W 22nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252007

REIN-P

CR2E098 (1/07)



City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

20-5295460

Applied For

Not Applicable

Zip

Country

33010

Zip

Country

33010

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEIZAN, GLADYS  
295 WEST 22ND STREET  
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/07

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.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ROMERO, MARCOS W  
STREET ADDRESS 7731 SW 129 AVENUE  
CITY - ST - ZIP MIAMI, FL 33183

TITLE D ☐ Delete  
NAME LEIZAN, GLADYS  
STREET ADDRESS 7532 SW 135TH PLACE  
CITY - ST - ZIP MIAMI, FL 33183

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
900111552819  
10/31/07--01045--012 \*\*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/07

11/5/07