

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 11 PM 2:22

DOCUMENT # PO6 0000 926 50

1. Corporation Name

Colamerica Roofing technologies
INC.

400110952844
10/18/07--01036--017 **150.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2040 NE 163 ST

Suite, Apt. #, etc.

306

City & State

North Miami Beach

Zip

33162

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-13-2006

5. FEI Number

205151944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Flor Angela Herrera

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

2040 NE 163 ST

Suite, Apt. #, Etc.

#306

City North Miami Beach

State

FL

Zip Code

33162

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]

Date 10/10/07

REGISTERED AGENT MUST SIGN

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
P	Rafael Herrera	16950 North Bay Road Apt 608 Sunny Isles	FL 33160
VP	Flor Angela Herrera	6631 Douglas St Hollywood	FL 33024
S	Roger Caro	193-80 Collins Ave Apt 126 Sunny Isles	FL 33160

REINSTATEMENT 07 B 10 11/07

10. I certify that I am an officer or director or 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #