

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC 22 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

REINSTATEMENT 11


CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 8-7-2006

5. FEI Number 205377586 ☐ Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

100215484991
12/22/11--01003--003 **750.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06000102743			
1. Corporation Name Roof Systems Inc.			
2. Principal Office Address - No P.O. Box # 720 NE 25 TH AVE Suite, Apt. #, etc. Unit # 18 City & State CAPE CORAL FL Zip 33909		3. Mailing Office Address SAME AS Suite, Apt. #, etc. City & State Zip Country	
7. Name and Address of Current Registered Agent			
Name Fred W. Penton			
Street Address (P.O. Box Number is Not Acceptable) 720 NE 25 TH AVE			
Suite, Apt. #, Etc. Unit 18			
City CAPE CORAL		State FL	Zip Code 33909
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 Fred W. Penton		Date 12/20/2011	
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
pres	Fred W. Penton	720 NE 25 TH AVE Unit 18 CAPE CORAL FL	CAPE CORAL FL 33909
10. E-mail Address: roofsystemsinc@comcast.net (To be used for future annual report notification)			
11. 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. 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: Fred W. Penton		Date 12/20/11	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	