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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: $\frac{\ \hat{\mathbf{n}}\ }{\ \mathbf{n}\ }$	ASTAR ROOFING SERVICES OF FLORIDA INC
P140000 DOCUMENT NUMBER:	53880
The enclosed Articles of Revocation	of Dissolution and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
BEN ADKISON	
	Name of Contact Person
NASTAR ROOFING SERVICES	OF FLORIDA INC
	Firm/Company
4005 DEL PRADO BLVD S	
	Address
CAPE CORAL, FL 33904	
BILLIE@NASTARROOFING.COM	City/State and Zip Code
E-mail address	(to be used for future annual report notification)
For further information concerning t	his matter, please call:
BILLIE ADKISON	239 567-7233 At ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount:
□ \$35 Filing Fee ■ \$43.75 Fi Certificat	lling Fee & S43.75 Filing Fee & S52.50 Filing Fee, e of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of

Dissolution prior to the expiration of 20 days following the effective date (or file date, if no effective date) of the Articles of Dissolution: FIRST: The name of the corporation is: NASTAR ROOFING SERVICES OF FLORIDA INC P14000063880 SECOND: The document number of the corporation (if known) is The effective date (or file date, if no effective date) of the Articles of Dissolution THIRD: 06/27/2017 filed with the Florida Department of State is _ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The Revocation of Dissolution was authorized on FOURTH: Adoption of Revocation of Dissolution (check one) FIFTH: ☐ The board of directors revoked the dissolution. The incorporators revoked the dissolution. ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization. The shareholders revoked the dissolution and the number of votes cast was sufficient for approval. The shareholders revoked the dissolution by voting groups - the number of votes cast by was sufficient for approval. (Voting group) SIXTH: A copy of the Articles of Dissolution is attached. Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary. by that fiduciary) BEN ADKISON (Typed or printed name of person signing) VICE PRESIDENT (Title of person signing)

FILING FEE \$35

FILED Jun 27, 2017 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to se of Dissolution:		Statutes, this Florida corporation submits the following Articles
FIRST:	•	 ation as currently filed with the Florida Department of State: ERVICES OF FLORIDA INC
SECOND:	The document number	of the corporation: P14000063880
THIRD:	The file date of the artic	 cles of incorporation: July 18, 2014
FOURTH:	None of the corporation	 's shares have been issued.
FIFTH:	No debt of the corporat	ion remains unpaid.
SIXTH:	The net assets of the c the shareholders, if sh	 orporation remaining after winding up have been distributed to ares were issued.
SEVENTH:	A majority of the incorp	porators authorized the dissolution.
I submit this d submitted in a 817.155, Flori	document to the Depar	the facts stated herein are true. I am aware that any false information tment of State constitutes a third degree felony as provided for in section

PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

Signature: WILLIAM SKAGGS