

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

04 FEB 26 AM 8:00

DOCUMENT #

P22548

1. Corporation Name

Industrial Roofing Specialist Inc.

REINSTATEMENT

02-04
MRB

100029447251
02/26/04--01016--006 **1050.00

2. Principal Office Address

501 Herndon Avenue

3. Mailing Office Address

501 Herndon Avenue

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32803

Country

Orange

Zip

32803

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 17, 1989

5. FEI Number

35-143219

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

John Famulare

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

468 Wurst Road

Suite, Apt. #, Etc.

City

Ocoee

State
FL

Zip Code
34761

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

John Famulare

REGISTERED AGENT MUST SIGN

Date 2-20-04

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	John Famulare	468 Wurst Road	Ocoee, FL 34761
VP	Kurt Famulare	728 Garden Plaza	Orlando, FL 32803

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 under section 119.07(3)(i), 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: John Famulare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Famulare, President 2-20-04 407-282-1570

Date

Daytime Phone #