

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P92000002631**

1. Corporation Name
CONWOOD ROOFING CONTRACTORS, INC.

FILED
 97 DEC -1 AM 8:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~4000 PETERS RD~~ 26111 EVERGREEN RD
~~PLANTATION FL~~ SUITE 301
406 HARBOUR DR. SOUTHFIELD MI 48076
DUCK KEY FL 30305
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 97

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business In Florida **11/06/1992**
 5. FEI Number **65-0352534** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CONSIDINE, ROBERT	26111 EVERGREEN RD STE 301	SOUTHFIELD MI 48076

200002367432--6
 -12/09/97--01105--012
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
CONSIDINE, ROBERT
~~4000 PETERS RD~~
~~LIGHTHOUSE POINT FL 33317~~
406 HARBOUR DRIVE
DUCK KEY, FL 30305

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **R.W. Considine President** Date **Nov 15, 1997**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **R.W. Considine ROBERT W. CONSIDINE** 11-15-97 800-530-9040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (8/97)