

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA2 00000 3700</u>			
1. Corporation Name ATLANTIC G & B ROOFING INC.			
Principal Place of Business 6931 S.W. 57th STREET DAVIE, FLORIDA 33314		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
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		Applied For	
65-0368983		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
Pres	Russell Vining	6931 S.W. 57th Street	Davie Fl 33314
V-Pres	Dianna Brown	4672 S.W. 35th Street	Hollywood Fl 33023
REINSTATEMENT 95-97 <i>d. alan</i> <i>10/20/97</i> 300002327293 -10/22/97--01103--007 ***1080.00 ***1080.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James O. DuBoise 6931 S.W. 57th Street Davie Fl 33314		Name Russell Vining Street Address (P.O. Box Number is Not Acceptable) 6931 S.W. 57th Street Suite, Apt. #, Etc. City Davie State FL Zip Code 33314	
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 <i>[Signature]</i>		Date <u>10/16/97</u>	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>[Signature]</i>		Russell Vining <u>10/16/97</u> 954-792-4330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

APPROVED
AND
FILED

97 OCT 20 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (12/96)