

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB -9 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058386

1. Corporation Name

TOUSH ROOFING- CO- INC.

**REINSTATEMENT** 02-04

2. Principal Office Address

20501 NW 24th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

20501 NW 24th Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33056

Country

DADE

Zip

33056

Country

DADE

400028408394  
02/09/04--01035--025 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

08-16-93 650427899

5. FEI Number

650427899

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

JEFFERS WALKER

900027546549

01/26/04--01020--003 \*\*900.00

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

20501 NW 24th Ave MIAMI FL 33056

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33056

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

Jeffers Walker  
REGISTERED AGENT MUST SIGN

Date 1/20/04

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	<u>20501 NW 24th Ave</u>	<u>JEFFERS WALKER</u>	<u>FL. MIAMI 33056</u>
VP	<u>THOMAS WALKER</u>	<u>20430 NW 24th Ave</u>	<u>MIAMI FL. 33056</u>
VPDS	<u>THOMAS WALKER</u>	<u>20430 NW 24th Ave</u>	<u>MIAMI FL 33056</u>
D	<u>THOMAS WALKER</u>	<u>20430 NW 24th Ave</u>	<u>MIAMI FL. 33056</u>

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:

Thomas Walker THOMAS WALKER 1/20/04 305.625.9839

Date

Daytime Phone #

CR2E081 (10/02)