		PLEASE READ A	LL INST	RUCT	IONS	BEFORE C	OMPLET	ING THIS FORM.
APPLICATION FOR Sar Selection Sar					DEPARTMENT OF STATE andra B. Mortham Secretary of State ISION OF CORPORATIONS			
DOCUMENT # P93000060570 1. Corporation Name							98 DEC 17 PH 4:21	
PROFESSIONAL ROOFING & PAINTING INC.							SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Principal Place of Business Mailing Addre								
9442 SW 185 TERRACE MIAMI FL 33157 US			6800 SW 40TH STREET #126 MIAMI FL 33155					
18498					ng Office Address, if Applicable So. Diki's Hwy.			orated or Qualified ness in Florida 08/30/1993
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 25 4 City & State				5. FEI Number	Applied For
City & State Zip Country			Miami, 72			1 4.5.	6.	\$8.75 Additional Fee regulared
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations triust list at least 3 director)							<u> </u>	for a Certificate of Status
Title(s)	Name of Officers Street					et Address of Each icer and/or Director Post Office Box No	<u> </u>	City / State / Zip
Р	ALVAREZ, WANDA			6800 SW 40TH ST., #126				MIAMI FL
MD	GORDON,	14870 SW 205 AVENUE			~~,~~~	MIAMI FL		
VP	CASTELLANOS, MARIA			6590 S.W. 12 STREET, #3				MIAMI FL 33144
		REIN	ISTAT	EM	ENT	98	S	2/2/6/ 2/2/6/ 2/29/98-01006-012 ****750.00 ****750.00
8. Name and Address of Current Registered Agent							9. Name and	Address of New Registered Agent
ALVAREZ, WANDA 6800 SW 40TH STREET #126 MIAMI FL 33155					}		O Box Number	State Zip Code
10. I, bein Signature Registered	of A	e registered agent of the abo Sandie Olv RE	WIP!	PRINT MUS	EQL	Miami th and accept the o	bligations of Sect	FL 33157_
		oration owes or ha Personal Propert				ar 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 filling 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.

REOMRED Wanda Alvarez 12-14-98
De Signing OFFICER OR DIRECTOR

0030285