

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000068105**

1. Corporation Name

ALHAMBRA ROOFING SYSTEMS CORP.

2. Principal Office Address

**1825
PONCE DE LEON BLVD**

Suite, Apt. #, etc.

219

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

**1825
PONCE DE LEON BLVD**

Suite, Apt. #, etc.

219

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

REINSTATEMENT 96-03

4. Date Incorporated or Qualified
To Do Business in Florida

9-30-1993

5. FEI Number

650439515

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

BASILIO ALVAREZ

02/19/03--01062--003 **1800.00

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

1825 PONCE DE LEON BLVD # 219

Suite, Apt. #, Etc.

219

City

CORAL GABLES, FL

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

2-14-03

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
PD	BASILIO ALVAREZ	1825 PONCE DE LEON BLVD # 219	CORAL GABLES, FL 33134

3000012793499
02/19/03--01062--003 **1800.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03

Date

305447-1610

Daytime Phone #

CR2E081 (10/02)