PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 26 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070247

1. Corporation Name
PREFERRED ROOFING, INC.

Principal Place of Business	Mailing Address
~~590 N.W. SHERBROOKE AVENUE~~ ~~PORT ST. LUCIE FL 34983~~	~~590 N.W. SHERBROOKE AVENUE~~ ~~PORT ST. LUCIE FL 34983~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1996 MWB 12/30/96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7030 Gulfotti Place	7030 Gulfotti Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie FL	City & State: Port St. Lucie FL
Zip: 34952 Country	Zip: 34952 Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/01/1993

5. FEI Number: 65-0459515 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, T	GRUBER, JOHN T	~~590 N.W. SHERBROOKE AVENUE~~ 7030 Gulfotti Place	PORT ST. LUCIE FL
~~T~~	~~WHITNEY, MARYBETH~~ DELETE	~~590 N.W. SHERBROOKE AVE.~~	~~PORT ST. LUCIE FL~~
V	PARSONS, MICHAEL J	1473 SE OCEAN LANE	PORT ST LUCIE FL
			300002048763 B -12/30/96--01025--001 ****385.00 ****375.00

8. Name and Address of Current Registered Agent

GRUBER, JOHN T
590 N.W. SHERBROOKE AVENUE
PORT ST LUCIE FL 34983

9. Name and Address of New Registered Agent

Name: John T. Gruber
Street Address (P.O. Box Number is Not Acceptable): 7030 Gulfotti Place
Suite, Apt. #, Etc.:
City: Port St. Lucie State: FL Zip Code: 34952

CR2E040 (7/96)

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: J. G. Date: 12-20-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: 12-20-96 561-340-0392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John T. Gruber

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