

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 18 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074244

1. Corporation Name

HOUSTON BROTHERS ROOFING, INC.
12135 W. BEAVER ST.
JACKSONVILLE, FL 32220

2. Principal Office Address

JACKSONVILLE, FL 32220

Suite, Apt. #, etc.

3. Mailing Office Address

12135 W. Beaver St

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32220

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/21/1993

5. FEI Number

59-3210729

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

BILLY J. HOUSTON

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

12135 W. BEAVER ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32220

400036546924

05/18/04--01036--020 ***908.75

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

Billy Houston

Date 05/07/2004

REGISTERED AGENT MUST SIGN

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	BILLY J. HOUSTON, PRESIDENT	12135 W. BEAVER ST.	JACKSONVILLE, FL 32220
V	JOHN N. HOUSTON, VICE PRES.	12135 W. BEAVER ST.	JACKSONVILLE, FL 32220

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):

Billy Houston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/2004

Date

(904) 781-5959

Daytime Phone #

CR2E081 (01/04)

113