

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 JUN 11 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018531

1. Corporation Name

TITAN ROOFING SOUTH, INC.

2. Principal Office Address

1981 HAMMONDVILLE RD

Suite, Apt. #, etc.

SUITE 20

City & State

POMPANO BEACH, FL 33069

Zip

33069

Country

USA

3. Mailing Office Address

1981 HAMMONDVILLE RD

Suite, Apt. #, etc.

SUITE 20

City & State

POMPANO BEACH, FL 33069

Zip

33069

Country

USA

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 4, 1994

5. FEI Number

05-0415874

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

VALDINI, PALMER + HALE, P.A.

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

5353 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 303

City

FORT LAUDERDALE

State
FL

Zip Code

33308

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****908.75 ***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

REGISTERED AGENT MUST SIGN

Date

6/6/02

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
PRES	MARK A. SINCLAIR	7590 NW 75TH DR	PARKLAND, FL 33067

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:

Mark A. Sinclair

MARK A. SINCLAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/06/02

Daytime Phone #

954-972-2290

CR2E081 (9/01)