## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P94000055097

Entity Name: PINNACLE ROOFING CONTRACTORS, INC.

FILED Apr 12, 2006 Secretary of State

| Current Principal Place of Business:   | New Principal Place                         | of Business:                           |
|--|---|--|
| 6900 PHILLIPS INDUSTRIAL BLVD<br>JACKSONVILLE, FL 32256 US   |   |  |
| Current Mailing Address:   | <b>New Mailing Address</b>                  | <b>:</b>                               |
| 6900 PHILLIPS INDUSTRIAL BLVD<br>JACKSONVILLE, FL 32256 US   |   |  |
| FEI Number: 59-3256318 FEI Number Applied For ( )  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:                                  |   |  |
| PARETE, ANTHONY J<br>6900 PHILLIPS INDUSTRIAL BLVD.<br>JACKSONVILLE, FL 32256 US   |   |  |
| The above named entity submits this statement for the purp in the State of Florida.                                      | oose of changing its registered             | d office or registered agent, or both, |
| SIGNATURE: ANTHONY J PARETE  |   |  |
| Electronic Signature of Registered Agent   |   | Date                                   |
| Election Campaign Financing Trust Fund Contribution ( ).   |   |  |
| OFFICERS AND DIRECTORS:  | ADDITIONS/CHANGE                            | S TO OFFICERS AND DIRECTORS:           |
| Title: DPS ( ) Delete Name: PARETE, ANTHONY J Address: 6900 PHILLIPS INDUSTRIAL BLVD City-St-Zip: JACKSONVILLE, FL 32256 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J PARETE DPS 04/12/2006