PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000097732140
12/30/02--01020--002 **500.00

**DOCUMENT #** P95 000024167

1. Corporation Name
A-1 TOTAL ROOFING, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3553 N.W. 10TH AVE. | 3553 NW 10TH. AVE. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ft. LAUDERDALE | City & State: Ft. LAUDERDALE. |
| Zip: 33309 Country: U.S.A. | Zip: 33309 Country: U.S.A. |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0569039 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: EDTHER GAITAN

Street Address (P.O. Box Number is Not Acceptable): 3553 N.W. 10TH AVENUE, Ft. LAUDERDALE, FL. 33334

Suite, Apt. #, Etc.

City: Ft. LAUDERDALE. State: FL Zip Code: 33334

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E031 (9/01)

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.D. | EDTHER GAITAN. | 3553 N.W. 10 AV. | Ft. LAUDERDALE. |
| | | | FL. 33309 |
| | | | |
| | | | 000097732140 |
| | | | 12/30/02--01020--003 **250.00 |
| | | | |
| | | | |

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: _____ EDTHER GAITAN (954) 771 7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #