

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

06 SEP 11 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024704

1. Corporation Name

A-1 QUALITY ROOFING AND WATERPROOFING, INC.

2. Principal Office Address

5100 South Cleveland Avenue

3. Mailing Office Address

5100 South Cleveland Avenue

Suite, Apt. #, etc.

Suite 318

Suite, Apt. #, etc.

Suite 318

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

REINSTATEMENT

CR2E081 (12/05)

97-06

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/1995

5. FEI Number

650577578

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

Jonathan H. Green

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

799 Brickell Plaza

Suite, Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33131

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

9/5/06

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/V/S/T	Harold B. Montague	5100 South Cleveland Avenue	Ft. Myers, FL 33907

300079761003
09/13/06--01015--008 **1715.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/5/06 (305) 372-5100

Daytime Phone #

9/11/06