


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT 19 AM 9:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000025977 1. Corporation Name ALPA ROOFING TECHNOLOGY, INC.					
Principal Place of Business		Mailing Address			
8410 N.W. 93RD STREET MIAMI FL 33166		8410 N.W. 93RD STREET MIAMI FL 33166			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		150 E. 11th Street		03/31/1995	
City & State		City & State		5. FEI Number	
		HIALEAH, FL		65-0593514	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33010					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
P	SCHIAVO, ALFREDO DELETE	5225 COLEMAN AVE. APT #718 DELETE	MIAMI BEACH FL 33140 DELETE		
VPS	WALKER, PATRICK DELETE	11345 S.W. 133 CT. #4 DELETE	MIAMI FL 33166 DELETE		
T P/V S	RODRIGUEZ, ORLANDO	150 E. 11TH STREET	HIALEAH FL 33045 33010		
600003099786-7 -11/09/99--01063--022 ***750.00 ***750.00					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
WALKER, PATRICK 8410 N.W. 93RD STREET MIAMI FL 33166			Name		
			RODRIGUEZ, ORLANDO		
			Street Address (P.O. Box Number is Not Acceptable)		
			150 E. 11th Street		
			Suite, Apt. #, Etc.		
			City		
			HIALEAH		
			State		
			FL		
			Zip Code		
			33010		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent		REGISTERED AGENT MUST SIGN		Date 10/13/99	
11. 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: <i>Orlando Rodriguez</i>		ORLANDO RODRIGUEZ PRESIDENT		Date 10/13/99	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	