PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 SEP 16 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035546

1. Corporate Name

Home and Roof Systems, Incorporated

Principal Place of Business

11886 Flynn Rd.
Jacksonville Fla.
32223

Mailing Address

11886 Flynn Rd.
Jacksonville, Fla
32223

REINSTATEMENT 96-99

Reflect all information that is incorrect in any way: line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: May 1, 1995

5. FEI Number: 59-3313330 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Jeffery H. Vickers	11457 San Jose Boulevard PMB 156	Jacksonville, Fla. 32223
Vice-Pres.	David W. Walker	7188 Sun Lake	Jacksonville, Fla. 32222
Vice-Pres.	Frank C. Lambe	9561 Taylor Field Rd.	Jacksonville, Fla. 32222
Secretary	Bonnie B. Vickers	11457 San Jose Boulevard PMB 156	Jacksonville, Fla. 32223

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8. Name and Address of Current Registered Agent

Jeffery H. Vickers
11457 San Jose Boulevard
PMB 156
Jacksonville, Fla. 32223

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E081 (12/98)

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: Jeffery H. Vickers — REGISTERED AGENT MUST SIGN

Date: Sept 10, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Jeffery H. Vickers — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 10, 1999 — Date

1-904-886-0686 — Daytime Phone #