

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000039595

1. Corporation Name

J.Z. ROOFING CONTRACTORS CORP.

2. Principal Office Address - No P.O. Box #

4041 2nd Avenue S.E.

Suite, Apt. #, etc.

3. Mailing Office Address

4041 2nd Avenue S.E.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip  
34117

Country  
34117

7. Name and Address of Current Registered Agent

Name  
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 SW 22nd Street

Suite, Apt. #, Etc.  
4th Floor

City  
Miami

State  
**FL**

Zip Code  
33145

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 By: *Natalia Utrera*

Natalia Utrera, Vice-President REGISTERED AGENT MUST SIGN

REINSTATEMENT

11/13/09

KS

4. Date Incorporated or Qualified

To Do Business in Florida

05/18/1995

5. FEI Number

00-0122796

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| PSTD   | AMAURYS GUERRA                    | 4041 2nd Avenue S.E.                           | Naples, FL 34117   |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |

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: *Amaurys Guerra* Amaurys Guerra, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/09

Date

Daytime Phone #