PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** Secretary of State **DIVISION OF CORPORATIONS** P95000042694 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA COMMERCIAL ROOFING CONSULTANTS. INC. Principal Place of Business Mailing Address 3345 EDGEWATER DR. 3345 EDGEWATER DR. ORLANDO FL 32804 ORLANDO FL 32804 If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 3545 05/25/1995 Suite, Apt. #, etc. Suite, Apt.#. etc 5. FEI Number Applied For 59-3356335 City & State City & State Not Applicable OQOL Country Country CERTIFICATE OF STATUS DESIRED ۵۵'ت 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors KILMER, RAYMOND T **PVST** 509 W RUGBY ORLANDO FL 32804 D 509 W RUGBY ORLANDO FL 32804 KILMER, RAYMOND T 0**03465308--**11/15/00--01121--013 ****158.75 ****158.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name KILMER, RAYMOND T Street Address (P.O. Box Number is Not Acceptable) 509 W RUGBY Suite, Apt. #, Etc. ORLANDO FL 32804 City State Zip Code 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR