	PLEASE REAL	ALL INS	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	RM		
	PLICATION FOR 9198 ISTATEMENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State division of corporations			ŕ	AND T			
DOCUMENT # P95000051273 1. Corporation Name					98 MAR 19 PM 2: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
FLORI	DA ROOFING TECHNI	CIANS, INC	D .			,UPC4U492	EE, FLORIDA		
Principal Place of Business Mailing Add			ress		e canaliane e	in (Alex nihi) nait and i nait	täidi äliki sinin siäil sonan	k() (68)	
	T IVORYWOOD DRIVE HILLS FL 34465		2155 WEST IVORYWOOD DRIVE BEVERLY HILLS FL 34465						
	addresses are incorrect in any way, line rincipal Office Address, If Applicable			Date Incorp To Do Busin	orated or Qualified	06/28/1995			
Suite, Apt. #, etc. Suite, Ap			#, etc.		5. FEI Numbe			ed For	
City & State City			City & State		59-3318988 Not Applicable				
Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required tor a Certificate of Status				
7. Names	and Street Addresses of Each Officer and	nd/or Director (Flo			····				
Title(s)	Name of Officers and/or Directors	rs Of		eet Address of Each icer and/or Director se Post Office Box N	ctor City / State		ity / State / Zip		
D	MULLIS, REX H I		2155 WEST IVORYWOOD DRIVE			BEVERLY HILLS FL 34485			
					51	000024	67085-	- R	
						****900	8010970; .00 ****90(
			REINSTATEMENT 99-98						
						C	7. algu 3/19/98	<i>y</i>	
Name and Address of Current Registered Agent Name					9. Name and	Address of New Regist	tered Agent / / / / / / / / / / / / /		
MULLIS. REX H I								76/8/	
	West Ivorywood Drive RLY Hills Fl 34465	Suite, Apt. #, Etc.					SEE OF SEE		
OLIL	TET TREES TE STAGE								
40 1 5 -1-		. <i>1</i> 133		City	Northern of Seat	003 0505 5 0	State Zip Code		
Signature of Registered		Kit	GENT MUST SIGN	In and accept the ob	HIGHLIONS OF SECTI	Date	8 <u>98</u>		
	nis corporation owes or tangible Personal Prope			er Yes	No 🔲		ner side for information n Intangible tax.)	1	
this rein	that I am an officer or director or the re- nstatement application, the reason for di- y the corporation have been paid and the application is true and accurate, and my	ssolution has been e names of individ	eliminated, the corpor luals listed on this form	rate name satisfies t n do not qualify for a	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., that a	ll fees	
SIGNA	TURE: SIGNATURE AND TYPED OR	MINTED NAME OF	SIGNING OFFICER OF D	DIRECTOR	3	1808 Date	Daylime Phone #	-	