PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000057703**

1. Corporation Name

M. ROMERO'S ROOFING & INSPECTIONS, INC.

Principal Place of Business	Mailing Address
13930 S.W. 52ND LANE MIAMI FL 33175	13930 S.W. 52ND LANE MIAMI FL 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96 av

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
13310 SW 78 ST.	
Suite, Apt. #, etc. Miami, FL.	Suite, Apt. #, etc. 13310 SW 78ST
City & State 33183	City & State Miami FL
Zip 33183 Country DADE	Zip 33183 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida: 07/26/1995

5. FEI Number: 65-0596087 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ROMERO, ONEIDA	3211 S.W. 126TH AVE.	MIAMI FL 33175
TD	ROMERO, MARIA	13930 S.W. 52ND LANE	MIAMI FL 33175
SD	ROMERO, MARCOS	13930 S.W. 52ND LANE	MIAMI FL 33175

400002003894--5
-11/13/96--01192--022
****375.00 ****375.00

8. Name and Address of Current Registered Agent

ROMERO, MARIA
13930 S.W. 52ND LANE
MIAMI FL 33175

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

CR2E040 (7/96)

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: Maria T. Romero REQUIRED — Date: 10/25/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept of Revenue under S. 199.032, Florida Statutes. 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: Maria T. Romero QUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #