

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 1*

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -7 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 795000089800

1. Corporation Name

HOT ROOFING SUPPLIES CORP.

2. Principal Office Address

435 ALLENDALE RD

Suite, Apt. #, etc.

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/95

5. FEI Number

65-0625777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK BERRIZ BEITIA

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

415 NAVARRE ST

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]

Date 12/06/01

REGISTERED AGENT MUST SIGN

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
P	ALVARO G. CAMPINS	3700 CRAWFORD AVE	MIAMI FL 33133
VP	JORGE RAMIREZ	435 ALLENDALE RD	KEY BISCAIYNE FL 33149
SD	FRANK BERRIZ BEITIA	415 NAVARRE ST	CORAL GABLES FL 33134

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 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: *Alvaro Campins* ALVARO CAMPINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/01

Date

(305) 788 8010

Daytime Phone #

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Hot Roofing Supplies Corp.
435 Allendale Rd.
Key Biscayne, FL 33149

December 6, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Doc. # P95000089800

To Whom it May Concern,

I am writing this letter, as requested by my phone call to your office, to ask that the Reinstatement Fee be waived due to the fact that we did not receive our annual report due to a move. Enclosed is a check in the amount of \$150.00. Thank you in advance for your time and consideration in this matter.


Alvaro Campins
President