PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 MAY -9 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005699

1. Corporation Name
J.A.E. ROOFING, INC.

2. Principal Office Address	3. Mailing Office Address
140 Corporate Circle SE	Same as #2
Suite, Apt. #, etc.: Suite #1	Suite, Apt. #, etc.
City & State: Palm Bay, FL	City & State
Zip: 32909 Country: USA	Zip Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 1/17/96 SP

5. FEI Number: 59-3361988 — 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: Johnny Archer

Street Address (P.O. Box Number is Not Acceptable): 1890 Plantation Circle S.E.

Suite, Apt. #, Etc.:

City: Palm Bay State: FL Zip Code: 32909

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****300.00 ****300.00

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: Johnny Archer Pres. — REGISTERED AGENT MUST SIGN — Date: 5/7/01

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/S/T	Johnny Archer	1890 Plantation Crc SE	Palm Bay, FL 32909
VP	Nathaniel Shepherd	901 Juniper Lane	Melbourne, FL 32901
VP	Charlie Nelems	2254 NE Henry Street	Palm Bay, FL 32905

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: Johnny Archer Pres. Johnny Archer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/7/01 Date — (321) 727-1139 Daytime Phone #