


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 SEP 14 PM 3:10	
DOCUMENT # <u>P96000036873</u>					
1. Corporation Name <u>FRANK WALES ROOFING, INC.</u>					
2. Principal Office Address <u>61 ALAFAYA WOODS BLVD.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>61 ALAFAYA WOODS BLVD.</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State <u>OVEDO, FL.</u>		City & State <u>OVEDO, FL.</u>		5. FEI Number <u>59-3380258</u>	
Zip <u>32765</u>		Country <u>USA</u>		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>32765</u>		Country <u>USA</u>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>FRANK WALES</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>61 ALAFAYA WOODS BLVD.</u>					
Suite, Apt. #, Etc.					
City <u>OVEDO,</u>					
State <u>FL</u>					
Zip Code <u>32765</u>					
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 <u>Frank Wales</u> Date <u>9/12/01</u>					
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		
<u>P</u>	<u>Frank WALES</u>	<u>61 ALAFAYA WOODS BLVD</u>	<u>OVEDO, FL 32765</u>		
<u>T</u>	<u>"</u>	<u>"</u>	<u>"</u>		
<u>S</u>	<u>"</u>	<u>"</u>	<u>"</u>		
<u>V</u>	<u>"</u>	<u>"</u>	<u>"</u>		
			<u>JFM</u>		
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)(a), 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: <u>Frank S. Wales</u> Date <u>9/13/01</u> Daytime Phone # <u>407-388-0180</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

9/14/01
D92al2

Dear Sirs:

I never recieved my paperwork from Dept. of Corporations to file. My address changed aprox. 2 years ago and according to the post office, they do not forward mail after one year. Please waive my fine for failure of filing my papers and please re-instate me at the new address listed.

Respectfully,
Frank Wallis