

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 22 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046361

1. Corporation Name

CASCADE ROOFING, INC.

2. Principal Office Address

1940 N.W. 18 STREET

Suite, Apt. #, etc.

SUITE 3

City & State

POMPANO BEACH, FLA.

Zip

33069

Country

USA

3. Mailing Office Address

1940 N.W. 18 STREET

Suite, Apt. #, etc.

SUITE 3

City & State

POMPANO BEACH, FLA.

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/31/1996

5. FEI Number

#65-0670791

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

JIMMY CRAFT

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

1940 N.W. 18 STREET

Suite, Apt. #, Etc.

SUITE 3

City

POMPANO BEACH

State
FL

Zip Code

33069

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

REGISTERED AGENT MUST SIGN

Date MAY 21, 2002

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	JIMMY CRAFT	1940 N.W. 18 STREET, SUITE 3 POMPANO BEACH, FLA. 33069	

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02 (954) 979-6697

Date

Daytime Phone #

CR2001 (09/01)



2052

May 20, 2002

Florida Department of State
Division of Corporation
1201 Hays Street
Tallahassee, Fla. 32301

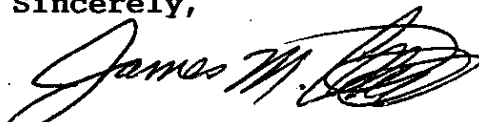
ATTN.: Customer Service Rep.

To Whom it may concern,

Our Company moved almost one Year ago from 1940 N.W. 18th Street, Bay #1 to 1940 N.W. 18th Street, Bay #3 Pompano Beach, Fla. 33069. The mailbox in our warehouses has every Suite/Bay marked with the Bay #'s. I believe us moving caused somebody else to receive our State Corporation paperwork. In effect, we never received this paperwork which has caused a problem because we need to re-instate the Corporate *(Uniform Business Report)* Document #P96000046361 paperwork. I am writing this letter in hopes of getting your help.

Can someone from your office Please contact me at your earliest convenience to go over the paperwork and help me to get the Corporate paperwork re-instated. You can contact me at (954) 979-6697 or my cell (954) 609-9813. I Thank you very much for your prompt attention, concern and help. I will be looking forward to hearing from you soon. Thank you again.

Sincerely,



James M. Craft