

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048085

1. Corporation Name
Thermalpro Roofing Systems Inc.

2. Principal Office Address
106 Mayrose Dr.

3. Mailing Office Address
106 Mayrose Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sanford, FL

City & State
Sanford, FL

Zip Country
#32771 USA

Zip Country
32771 USA

4. Date Incorporated or Qualified To Do Business in Florida
06/96

5. FEI Number Applied For
59-3385665 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 *Willis D. Graham* 100004013961--9
-04/17/01--01095--013

Street Address (P.O. Box Number is Not Acceptable)
106 Mayrose Dr. ****700.00 ****700.00

Suite, Apt. #, Etc. 100004013961--9
-04/17/01--01095--014

City *Sanford* State *FL* Zip *32771* ****208.75 ****208.75

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 *Willis Graham* Date *3/23/01*
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
Pres-	<i>Willis D. Graham</i>	<i>106 Mayrose Dr</i>	<i>Sanford, FL 32771</i>
Treas	<i>Deana S. Graham</i>	<i>106 Mayrose Dr</i>	<i>Sanford, FL 32771</i>
VP-			
sec			

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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: *Willis Graham* Date *3/23/01* Daytime Phone # *407-323-7060*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)