

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.

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32771

Country

USA

3. Mailing Office Address

106 Mayrose Dr.

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32771

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/96

5. FEI Number

59-3385665

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

Willis D. Graham

100004013961--9

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

106 Mayrose Dr.

04/17/01-01095-013

****700.00 ****700.00

Suite, Apt. #, Etc.

100004013961--9

04/17/01-01095-014

City

Sanford

State

FL

04/17/01-01095-014

****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 D. Graham

REGISTERED AGENT MUST SIGN

Date 3/23/01

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
Pres-	Willis D. Graham	106 Mayrose Dr	Sanford, FL 32771
Treas	Deana S. Graham	106 Mayrose Dr	Sanford, FL 32771
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 D. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

407-323-7060

Daytime Phone #

CR2E081 (9/00)