

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 12 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA6000063252**

1. Corporation Name

United Roofing Contractors Inc.

2. Principal Office Address

1399 S.W. 30th Ave

Suite, Apt. #, etc.

Suite 8

City & State

Boynton Beach, FL

Zip

33436

Country

Palm Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/96

5. FEI Number

65-0683864

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

Thomas D. DeCarlo

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

500 Australian Avenue

Suite, Apt. #, Etc.

Suite #700

City

West Palm Beach

100003556061

-01/19/01--01092--002

******200.00 ****200.00**

100003556061

-01/19/01--01092--003

******700.00 ****700.00**

State
FL

Zip Code

33401

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1/11/01**

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.	Charles A. Bigelow	1399 S.W. 30th Ave Ste 8	Boynton Beach, FL 33436
Vpres	Ralph M. Saucier	9125 Perth Road	Lake Worth, FL 33467

KE

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

561-375-8380

Daytime Phone #

CR2E081 (9/00)