F PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Corporation Name Onited Roofing Contractors Jack April 9 dec. Principal Office Address Sam Surfa 8 dec. Surfa 9 State Cly 8 State Cly 8 State Country To De Belieries in Prioritis To De Belieries in Prioriti				-			
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Surface April (act.)	DOCUMENT # PAWOOOO 63252. L. Corporation Name United Roofing Contractors The.						
A Date Incorporated or Qualified To Do Business in Florida To Do Business	Principal Office Address	3. Mailing Office Addres	Office Address			aa. A.I	
State 8 By & State City & Stat	399 S.W. 304h Ave	Same	nenk		PATENCEL	2711)11	
To Do Business in Florida 7 29 9 6 South To Do Business in Florida 7 29 9 6 South To Do Country 7 1 2 1 2 1 2 1 2 2 1 2 2 2 2 2 2 2 2 2	uite, Apt. #, etc.			4. Date Incorporated or Qualified			
Second S		City & State				9196	
Street Address of Current Registered Agent Street Address of Current Registered Agent		City & State					
Sat 316 Rath Back State Sat 3 Sat 316 Rath Back	2041.101	Zip	Country		683864 <u> </u>	Not Applicable	
7. Name and Address of Curront Registered Agent Name Thomas D. DeCarlo 101000:1556061 3. Street Address (P.O. 80x Number is Not Acceptable) 4****200.00 4*****200.00 4*****200.00 4*****200.00 5. Suite, Apt. #. Etc. 901/13/01:01032103 4*****210.00 City West Palm Beach, 1. 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. 1. 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. 1. 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. 1. being appointed the registered Agent MUST SIGN 1. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 1. Name of Officer and/or Directors 1. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 1. Name of Officer and/or Directors 1. Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) 1. Name of Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) 1. Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) 1. Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) 1. Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) 1. Street Address of Each Officer or City / State / Zip 1. Least / Leas	·						
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Ignature of egistered Agent Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officer and/or Director Name of Of	Thomas D. DeCarlo -01/19/010109210 Street Address (P.O. Box Number is Not Acceptable) *****200.00 *****200 Suite, Apt. #. Etc. Suito + 700 City State Zip Code					1092 002 *****200.00 061 3 - 1092 003	
Name of Officers and/or Directors Street Address of Each Officer and/or Director	GEGISTERED AGENT MUST SIGN						
Officer and/or Directors Officer and/or Director City / State / 2p Res. Charles A. Bigelow Peres Ralph M Saucier 9125 Perth Road Lake Worth, F133467 No. 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 filling 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.	Name of	d/or Director (Florida honpro	*	ist 3 directors)			
Pres Ralph M Saucier 9125 Perth Road Lake Worth, F133467 1. 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.			Officer and/or Director		City / State	/ Zip	
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SIGNATURE: / LOU DOLO DOLO DELINITED NAME OF SIGNING OFFICER OR DIRECTOR Data Double Dolone #	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 eignature shall have the same legal effect as if made under oath.						
Davuille Filotie # 1	SIGNATURE:				Date Davin	ne Phone #	