

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -4 PM 3:37

DOCUMENT # P97000014504

1. Corporation Name

Aaron Quality Roofing, Inc.

300028658603
02/12/04--01035--015 **150.00

2. Principal Office Address

12311 164th Court, North

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Zip

33478

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02-18-97

5. FEI Number

65-0727062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7/11/03 90045 045 150.00

7. Name and Address of Current Registered Agent

Name

JOSE RAMOS, JR

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

12311 164th Court North

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

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

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	Jose Ramos, Jr.	12311 164th Court, North	Jupiter, FL 33478
S/T	Mary C. Ramos	12311 164th Court, North	Jupiter, FL 33478

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)(f), 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

Date

Daytime Phone #

Mary C. Ramos, Sec. Treasurer 1-21-04 561-748-9282

CR2001 (10/02)

2/14/04

   2/2

AARON QUALITY ROOFING, INC.

January 21, 2004

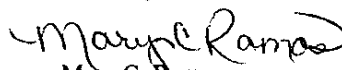
Florida Department of State
Division of Corporations
Attention: Andy Dunlap
Reinstatement Department
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Dunlap,

As a result of our telephone conversation today, please find enclosed the reinstatement form along with my check for \$150.00 for 2004. As previously stated, I am requesting any additional fees be waived because of discrepancies between the date I originally mailed the 2003 fee (February 10, 2003) and the date your office posted reception (July 15, 2003). I previously spoke to Steve and mailed a copy of the cancelled check with a letter; however, I did not receive a reply.

Thank you for your time in this matter.

Sincerely,


Mary C. Ramos

Enclosures