
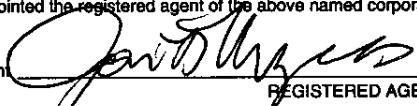



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  04 NOV 22 PM 1:14  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P97000035732</b>					
<b>1. Corporation Name</b> JON MYERS ROOFING, INC.  1900 MCKINLEY ST. 1900 MCKINLEY ST.					
<b>2. Principal Office Address</b> 1900 MCKINLEY ST.  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1900 MCKINLEY ST.  Suite, Apt. #, etc.		<b>REINSTATEMENT 02-09</b>  <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/22/1997  <b>5. FEI Number</b> 381843383 <input checked="" type="checkbox"/> <b>Applied For</b> Not Applicable  <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>City &amp; State</b> CLEARWATER, FL		<b>City &amp; State</b> CLEARWATER			
<b>Zip</b> 33765	<b>Country</b> USA	<b>Zip</b> FL	<b>Country</b> USA		
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> JON MYERS <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1900 MCKINLEY ST <b>Suite, Apt. #, Etc.</b> <b>City</b> CLEARWATER <b>State</b> FL <b>Zip Code</b> 33765					
<b>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.</b>  <b>Signature of Registered Agent</b>  <b>REGISTERED AGENT MUST SIGN</b> <b>Date</b> _____					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
Pres	Jon D. Myers	1900 McKinley St.		Clearwater, FL 33765	
VP	Donald A. Rose, Jr.	1900 McKinley St.		Clearwater, FL 33765	
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b> Nov 19, 2004	<b>Daytime Phone #</b> 727-445-9443

CR2E081 (01/04)

11-22-04

I DID NOT RECIEVE  
ANNUAL REPORT FOR 2002

JON MYERS

JON MYERS ROOFING  
INC

*Jon Myers*

FILED

04 NOV 22 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA