

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 31 AM 8:00

DOCUMENT # P 97000038894

1. Corporation Name

J. Ed may Roofing, Inc.

400021957054  
07/31/03--01030--005 \*\*600.00

2. Principal Office Address

3817 33rd St SE

Suite, Apt. #, etc.

City & State

Ruskin, FL

Zip

33570

Country

USA

3. Mailing Office Address

PO Box 551

Suite, Apt. #, etc.

City & State

Ruskin, FL

Zip

33570

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05-01-97

5. FEI Number

59-3447053

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75. Additional Fee required for a Certificate of Status

UBR 2000, 2001, 2002 + 2003

7. Name and Address of Current Registered Agent

Name

Johnny Sewell

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

3817 33rd St. SE

Suite, Apt. #, Etc.

City

Ruskin

State

FL

Zip Code

33570

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 7-28-03

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	Johnny Sewell	3817 33rd St SE Ruskin, FL 33570	Ruskin, FL 33570

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-28-03

Date

813-641-2099

Daytime Phone #

CR2E081 (10/02)

CHERYL CREASON, EA  
ENROLLED AGENT

MEMBER:  
NAEA  
NSPA  
FSATP

*Abacus Business & Tax Services, Inc.*

EIN: 59-3144957

105 SEVENTH AVE. N.E. • RUSKIN, FL 33570 • (813) 645-4000

July 28, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement -- J. Ed May Roofing, Inc.

Dear Sir or Madame:

Enclosed please find a completed reinstatement form along with a check for \$600.00.

The taxpayer, Mr. Johnny Sewell, of J. Ed May Roofing, Inc., states that he has not received any information from the State regarding the filing of this report and has talked to someone within your offices who suggested he write a letter requesting a waiver of any penalties and including a check for \$600.00.

This we have done with this correspondence.

Please let us know if you require any additional information.

Most sincerely,



Cheryl Creason, EA  
02-60867