

02-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 14 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

P97000047429

1. Corporation Name

DAKOTA ROOFING, INC.

900010083189
01/14/03--01072--005 **300.00

2. Principal Office Address

1300 SW 10th STREET

Suite, Apt. #, etc.

BUILDING A SUITE 1

City & State

DELRAY BEACH, FL

Zip

33444

Country

PALM BEACH

3. Mailing Office Address

1300 SW 10th STREET

Suite, Apt. #, etc.

BUILDING A SUITE 1

City & State

DELRAY BEACH, FL

Zip

33444

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0755101

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

GILLESPIE, R BOWEN III

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

1515 SOUTH FEDERAL HWY

Suite, Apt. #, Etc.

SUITE 300

City

BOCA RATON

State

FL

Zip Code

33432

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
D	CIAMBRONE, THOMAS J	4340 FRANCES DRIVE	DELRAY BEACH, FL 33445

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)(l), 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
THOMAS CIAMBRONE JR

Date

1/13/03

Daytime Phone #

1561-495-9400

CR2E081 (10/02)

28 115

1300 SW 10th Street, Delray Beach, FL 33444
561-495-9400 Office
561-495-5010 Fax
www.dakota.8k.com
dakotainfo@mgci.com



Florida Department of State
Division of Corporations
409 East Gains Street
Tallahassee, FL 32399

January 9, 2003

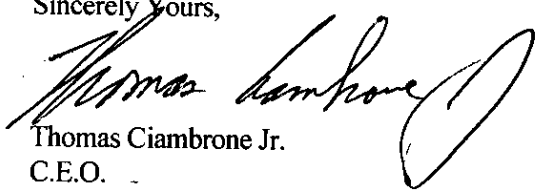
To Whom It May Concern:

Please be advised that Dakota Roofing, Inc. has not received any paperwork from your office because we had moved, and the mail was not forwarded to our new address.

Enclosed you will find our application for corporation Reinstatement along with our check for \$ 300.00.

If you should have any further questions, please feel free to call us 1-800-539-2699.

Sincerely Yours,


Thomas Ciambone Jr.
C.E.O.