

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
01 MAY -4 AM 9:48

DOCUMENT # P97000081945

1. Corporation Name

ROOF TILE SYSTEM & SERVICES CORP.

2. Principal Office Address

226 WEST 23 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

USA

3. Mailing Office Address

226 WEST 23 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09-22-97

5. FEI Number

65-0783136

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

REIMUNDO PEREZ

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

1313 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 300

City

CORAL GABLES

State

FL

Zip Code

33134

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 4/30/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	REIMUNDO PEREZ	226 WEST 23 STREET	HIALEAH, FL 33010

AD

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

Date 4/30/01

Daytime Phone # 305-889-0505

ROOF TILE SYSTEMS & SERVICES CORP.

C/O 1313 PONCE DE LEON BLVD. STE.300
CORAL GABLES, FL 33134

April 30, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P97000081945

Gentlemen:

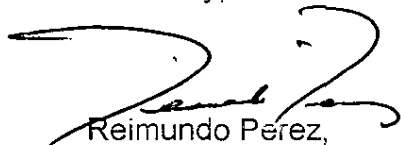
Attached you will find our Reinstatement Form along with our Ck in the amount of \$300.00 to cover the filing fees for the year 2000 & 2001.

As you could see there was an error in the Registered Agent Address and this is the reason why we never received any correspondence from you.

We are a very small corporation so if you would please take these facts into consideration and the burden the additional fees will cause our small business.

Thanking you in advance for your cooperation in this matter.

Sincerely,



Reimundo Perez,
President