

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR -7 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000091268

1. Corporation Name

Southern Commercial Roofing Systems, Inc.

2. Principal Office Address

275 Riverside Drive

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

USA

3. Mailing Office Address

275 Riverside Drive

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

USA

REINSTATEMENT

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

10/23/97

5. FEI Number

31-1574359

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State
FL

Zip Code

33324

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

Joyce A. Gilbert
REGISTERED AGENT MUST SIGN

JOYCE A. GILBERT
ASSISTANT SECRETARY

Date

April 6, 2000

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
	David A. Moorhead President and Director	2440 Edison Boulevard	Twinsburg, OH 44087
	James H. Miller Vice President and Director	1600 Airport Road	Waukesha, WI 53188
	Fredric T. Pratt Treasurer and Director	2440 Edison Boulevard	Twinsburg, OH 44087
	John E. Lawrence Secretary and Director	2440 Edison Boulevard	Twinsburg, OH 44087
	David W. McGrath Director	275 Riverside Drive	Ormond Beach, FL 32176
	Keith A. Vanderburg Assistant Secretary	6055 Rockside Woods Boulevard Suite 200	Cleveland, OH 44131

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:

Keith A. Vanderburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

4/6/00

Date

(216) 642-3342

Daytime Phone #

KE