DEC. 13. 2001 1:44PM NO. 609 P. 2/6

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 31 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100382

1. Corporation Name: Axis Roofing Concepts, Inc.

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
2453 NW 64th Street	2453 N.W. 64th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Fl	City & State: Boca Raton, Fl
Zip: 33496 County: Palm Beach	Zip: 33496 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/24/97 SP

5. FEI Number: 65-0794552 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Gary Wendel

Street Address (P.O. Box Number is Not Acceptable): 2453 NW 64th Street

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33496

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****758.75 ****58.75

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: Gary Wendel (REGISTERED AGENT MUST SIGN) Date: 12/21/01

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
Pres	Rita Wendel	2453 N.W 64th St.	Boca Raton, Fl 33496
V-P	Laurie Somers	10381 Buena Ventura Dr.	Boca Raton, Fl 33498
V-P	Michelle Rapaport	5977 N.W. 73rd Court	Parkland, Fl 33067

10. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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: Rita Wendel 12/21/01 (561) 998-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #