APPLICATION ,FOR



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

REINSTATEMENT

P98000012053

1. Corporation Name

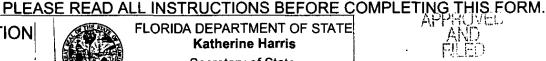
ALDON BOOKHARDT ROOFING, INC.

Principal Place of Business

Mailing Address

3240 DARYL TERR.

3240 DARYL TERR.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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If above s	addresses are incorrect in any way, line thr	ough incorrect information and en	ter correction below				
New Principal Office Address, If Applicable 3. New Mailing Office				Date Incorporated or Qualified To Do Business in Florida 02/05/1998			
uite, Apt.	"Orange Street	Suite, Apt. #, etc.	770 AGC X+ROOT 5. FEI Number			Applied For Not Applicable	
Titus	Sville, 7-107/da	71-480 11E,	HORIDA USA	6.	,	58.75 Additional Fee required for a Certificate of Status	
'. Names	and Street Addresses of Each Officer and	or Director (Florida nonprofit con		ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Each Officer and/or Director)	City /	State / Zip	
D	BOOKHARDT, ALDON	3240 DARYL	TERR.	T 3	TITUSVIELE FIL 32796 *****308.7	01008014 5 ****908.75	
D	BOOKHARDT, SAMUEL JR.	927 BON AIF	RE ST.		TITUSVILLE FL 32780)	
D	BOOKHARDT, CHRIS	927 BON AIF	RE ST.	,	TITUSVILLE FL 32780)	
						√)	
-				A.	PEMENT	99-00	
			RE	MSIA	TEWENT		
	8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
	(Hardt, Aldon Darryl Terr.		Street Address (P.O. Box Number is Not Acceptable)				
TITUSVILLE FL 32796				Suite, Apt. #, Etc. City / State Zip Code			
0. I, bein	g appointed the registered agant of the abo	ove named corporation, am familia	City ar with and accept the o	bligations of Section	~ ' F	ate Zip Code	
ignature o egistered	a Wichia	UIRED		Date 01.05	<u>(X)</u>		
11. I certify this rei	that I am an officer or director or the receinstatement application, the reapon for dissi	ver or trustee empowered to execution has been eliminated, the c	cute this application as porporate name satisfies	provided for in cha- the requirements	pter 607 or 617, F.S. I furtl of section 607.0401 or 617	ner certify that when filing 7.0401, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR