

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000012325

Corporation Name

EMLAP ROOFING, INC.

Principal Place of Business

17121 NW 2ND CT
MIAMI FL 33169

Mailing Address

17121 NW 2ND CT
MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable

7501 CR 44 EAST

Suite, Apt. #, etc.

City & State

LEESBURG, FL.

Zip

34788

Country

USA

3. New Mailing Office Address, If Applicable

7501 CR 44 EAST

Suite, Apt. #, etc.

City & State

LEESBURG, FL.

Zip

34788

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1998

5. FEI Number

65 0963 612

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	Robert N. Palmer	7501 CR 44 EAST	LEESBURG, FL

400003088514--5
-01/05/00--01029--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KENT, JIM
2810 SW 11TH AVE
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

JIM KENT

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

2810 SW 122 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/28/99

11. 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 included 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

Robert N. Palmer

Date

12/15/99

Daytime Phone #

(305)
655-2800