

APPLICATION FOR REINSTATEMENT



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

FILED
 99 DEC 30 AM 11:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000012325**

Corporation Name
EMLAP ROOFING, INC.

Principal Place of Business Mailing Address
 17121 NW 2ND CT 17121 NW 2ND CT
 MIAMI FL 33169 MIAMI FL 33169



REINSTATEMENT 09

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

1. 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

7. 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 11ND 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 **JIM KENT** Date **12/28/99**
 REGISTERED AGENT MUST SIGN

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: **Robert N. Palmer** 10/15/99 655-2800 (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #