

182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG -9 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012325

1. Corporation Name

Remlap Roofing inc.

2. Principal Office Address

3555 NW 74 st.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

33147

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-6-98

5. FEI Number

650963612

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

Robert N. Palmer

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

3555 NW 74 st.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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

Date

8-1-04

REGISTERED AGENT MUST SIGN

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	Robert N. Palmer	3555 NW 74 st.	Miami, FL. 33147
			08/10/04--01002--016 **308.75
			500040023535 08/10/04--01002--016 **309.75

REINSTATEMENT

03/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-1-04

Daytime Phone #

CFR2001 (01/04)

282

I, Robert N. Palmer did not receive my first or second notice annual report filing for 2003. Please file without penalty. The name of my corporation is Remlap Roofing Inc. Document #P98000012325.



A handwritten signature in black ink, appearing to read "R. Palmer", is written over a horizontal line.

FILED
04 AUG - 9 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA