

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV -2 PM 1:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000074561**

1. Corporation Name
TECH ROOFING, INC.

Principal Place of Business Mailing Address
7698 N.W. 186TH STREET MIAMI FL 33015



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

2. New Principal Office Address, If Applicable
782 N.W. Lejeune Rd.
 Suite, Apt. #, etc. **Suite # 428**
 City & State **Miami, Florida**
 Zip **33126** Country **MIAMIDADE**

3. New Mailing Office Address, If Applicable
782 N.W. Lejeune Rd.
 Suite, Apt. #, etc. **Suite # 428**
 City & State **Miami, Florida**
 Zip **33126** Country **MIAMIDADE**

4. Date Incorporated or Qualified To Do Business in Florida **08/26/1998**

5. FEI Number **65-0859841** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

2001

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	EXPOSITO, AGUSTIN	782 N.W. Lejeune Rd. Suite 428	MIAMI, FLORIDA 33126
			000004669440--2
			-11/06/01--01076--009
			****750.00 ****750.00
			11LS1

8. Name and Address of Current Registered Agent
EXPOSITO, AGUSTIN
7698 N.W. 186TH STREET
MIAMI FL 33015

9. Name and Address of New Registered Agent
 Name **AGUSTIN EXPOSITO**
 Street Address (P.O. Box Number is Not Acceptable) **782 N.W. Lejeune Rd.**
 Suite, Apt. #, Etc. **Suite # 428**
 City **Miami,** State **FL** Zip Code **33126**

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 Date **10/30/01**
 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Agustin Exposito** Date **10/30/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (8/01)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

②

Big Cat's Contractor Services

File 1st

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

RECEIVED
 01 NOV -2 AM 11:38
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 FILED STATE
 SECRETARY OF CORPORATIONS
 01 NOV -2 PM 12:26

Signature _____

Requested by: LW 11/02
Name Date Time

Walk-In _____ Will Pick Up _____