

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 12 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000013288**

1. Corporation Name

RENEGADE ROOFING, INC.

2. Principal Office Address

18520 NW 67 AVENUE

Suite, Apt. #, etc.

209

City & State

MIAMI LAKES, FL

Zip

33015

Country

USA

3. Mailing Office Address

18520 NW 67 AVENUE

Suite, Apt. #, etc.

209

City & State

MIAMI LAKES, FL

Zip

33015

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/10/99

5. FEI Number

65-0894382

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

ARMANDO FLORES

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

18520 NW 67 AVENUE

Suite, Apt. #, Etc.

209

City

MIAMI LAKES

State

FL

Zip Code

33015

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 **4/4/01**

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
PD/VP	JOSE DUQUE	14421 SW 88 STREET, M305 MIAMI, FL. 33186	MIAMI, FL. 33186
S	ARMANDO FLORES	18520 NW 67 AVENUE, #209 MIAMI LAKES, FL. 33015	MIAMI LAKES, FL. 33015

REINSTATEMENT

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:

ARMANDO FLORES

SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 (305) 269-4774

Date

Daytime Phone #

CR2E081 (9/00)