PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000049083

1. Corporation Name
A1A ROOFING, INC.

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
1700 So.San Pablo	1700 So. San Pablo
Suite, Apt. #, etc. #1011	Suite, Apt. #, etc. #1011
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32224 Country USA	Zip 32224 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: June 1,1999

5. FEI Number: 59-3579306 ☐ 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: Ryan Y. Mills

Street Address (P.O. Box Number is Not Acceptable): 1700 So. San Pablo

Suite, Apt. #, Etc.: #1011

City: Jacksonville State: FL Zip Code: 32224

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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: Ryan Mills Date: 3-20-01
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
DP	Ryan Y. Mills	1700 So.San Pablo,#1011	Jacksonville,FL 32224
DT	Raymon O. Pimentel	1110 Owen Avenue	Jacksonville Bch.FL 32250
DV	Michael A. Mills	1700 So.San Pablo,#1011	Jacksonville,FL 32224

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: Ryan Mills Ryan Y. Mills 3-20-01 (904)349-8698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #