

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 # <u>P990000049083</u>			
1. Corporation Name <u>A1A ROOFING, INC.</u>			
2. Principal Office Address <u>1700 So. San Pablo</u>		3. Mailing Office Address <u>1700 So. San Pablo</u>	
Suite, Apt. #, etc. <u>#1011</u>		Suite, Apt. #, etc. <u>#1011</u>	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32224</u>	Country <u>USA</u>	Zip <u>32224</u>	Country <u>USA</u>

REINSTATEMENT

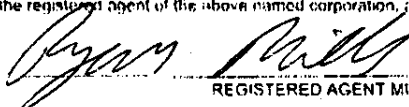
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4. Date Incorporated or Qualified To Do Business in Florida <u>June 1, 1999</u>	
5. FEI Number <u>59-3579306</u>	Applied For ☐
Not Applicable ☐	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Ryan Y. Mills</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1700 So. San Pablo</u>	
Suite, Apt. #, Etc. <u>#1011</u>	
City <u>Jacksonville</u>	State <u>FL</u>
Zip Code <u>32224</u>	

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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


REGISTERED AGENT MUST SIGN

Date

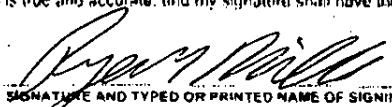
3-20-01

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

Title	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 Y. Mills

3-20-01

(904) 349-8698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #