PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							APPROVEE AND FILED	*	
DOCUMENT # P9900054040						01 DEC 26 PH 4: 12			
1. Corporation Name TORO ROOFING, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address									i
5624 YATES LAKELAND		,	5624 YATER LAKELAND F	RD.					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						Date Incorp	orated or Qualified		,
Suite, Apt. #, etc.			Suite Apt #,	etc.	00F146	To Do Business in Florida 06/14/1999 5. FEI Number]
City & State	9		City & State LAKIAND FL33803			a. FEI Nullibei	59-3579652	Applied For Not Applicable	
Zip Country			33803 Country POCK		POCK	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each									}
Title(s)	e(s) 2 and/or Directors			3 Officer and/or Director			City / State /	Zip]
Р	TORO, WAYNE M			5624 YATES RD.		LAKELAND FL 33811			
CEO Î	O TORO, VICKI L				5624 YATES RD		LAKELAND FL 33811		
- , o	FRAZIER, RONALD H JR				742 E. CRAWFORD		LAKELAND FL 33801		
Ç	C FRAZIER, RONALD SR			1610 N. LAKE AVE.			LAKELAND FL 33805		
						60	00047491: -01/03/02010 ****150.00 **		
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
TORO, WAYNE M						Street Address (P.O. Box Number is Not Acceptable)			
5624 YATES RD. LAKELAND FL 33811				Suite, Apt. #, Etc.					CR2E040 (8/01)
					City State Zip Cox) Code	,
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 12-26-01 REGISTERS 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 filling 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 Destime Phone #									

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ACCOUNT NO. : 072100000032

REFERENCE : 563080 7297021

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: December 28, 2001

ORDER TIME : 2:29 PM

ORDER NO. : 563080-005

CUSTOMER NO: 7297021

CUSTOMER: Ms. Vicki Lynn Toro

Toro Roofing, Inc. 908 E. Walnut Street

Lakeland, FL 33803

DOMESTIC FILINGS

NAME: TORO ROOFING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON WE CARRIAGE LUST Dunlap

1 VIS 30 INJWING EXAMINER'S INITIALS

01 DEC 58 bM 3: 20 BECEINED