

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 103

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000076753

1. Corporation Name

FLAT ROOFS "R" US, INC.

Principal Place of Business

165 NE 24TH STREET
MIAMI FL 33137

Mailing Address

165 NE 24TH STREET
MIAMI FL 33137

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1999

5. FEI Number

65-0946753

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TENNIS, RICHARD	11605 KENSINGTON COURT 165 NE 24TH ST	BOCA RATON FL 33428 Miami, FL 33137

200008840392
11/06/02--01142--006 **150.00

024 BIC

8. Name and Address of Current Registered Agent

TENNIS, RICHARD
11605 KENSINGTON COURT
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33137

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-29-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

CR2E040 (8/02)

PR90203



Flat Roofs "R" Us

COMMERCIAL/INDUSTRIAL SPECIALISTS

165 N.E. 24th Street
Miami, FL 33137
305-573-4599 Fax 305-573-4758

888-979-7663
Boca 561-218-2660
W. Palm 561-833-4424
Ft. Lauderdale 954-267-0808

October 25, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Flat Roofs R Us, Inc.
Uniform Business Report (UBR)

Dear Sirs,

We recently received a mailing form the Division of Corporations stating that we failed to file the mandatory UBR. Please understand that we moved our physical office during the year, and that we have encountered sever problems with receiving our mail. These problems were two-fold. First, the Post Office seemed to fail to properly forward much of our mail, Secondly, we have experienced numerous problems with the actual delivery of mail at our new Miami location. We actually found out that we had mail, both outgoing and incoming, being stolen from our mailbox. In fact our mailbox was even stolen. We filed a report with the USPS, a copy of which I have included. Upon receiving the dissolution letter, we telephoned the Division of Corporations, who told us to send a letter explaining our difficulties, include a \$150 check, and the completed reinstatement application. This is what we are submitting to you at this time. I humbly ask for your help in resolving this matter. I can be reached at (305) 573-4599 with any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard A. Tennis". The signature is fluid and cursive, with a long horizontal stroke at the end.

Richard A. Tennis,
President



Mail Theft and Vandalism Complaint

1. Post office (including Station or Unit and ZIP + 4)

2. Name of Complainant

Street Address

City, State, and ZIP + 4

3. Nature of Complaint

☒ Theft of Mail

☐ Damage to Mailbox

☐ Mail Tampering

☐ Mail Rifling

☐ False Change of Address

☐ Fire in Mailbox

☐ Other (Describe)

Occurrence Date and Hour

4. Contents of Mail Stolen

☒ Correspondence

☐ Currency

☒ Checks
outgoing

☐ Bank Statement

☐ Credit Card

☐ ATP (Food stamps card)

☐ Credit Card Statement

☐ Other (Describe)

5. Type of Delivery

☐ Apt. House; No. of Families

☐ Private Home

☐ P.O. Box

☐ Rooming House

☒ Office Building

☐ Rural or HCR

☐ Hotel/Hospital

☐ Other (Describe)

6. Type of Receptacle

☐ Door Slot

☐ NDCBU

☐ Approved Apartment Panel

☐ Collection

☐ Residence

Locked?

☐ Desk Service

☐ Rural Type

☐ Combination

Box on Wall

☐ Yes

☒ No

7. Particulars of Stolen Check

☐ 01) Personal

☐ 02) Commercial

☐ 03) Local

☐ 04) State

☐ 05) Federal

☐ 06) Money Order

☐ 07) ATP

Sender's Name and Address

Payee (If different from complainant)

Amount \$

Check No.

Date

Symbol No. (If U.S. Treasury)

Maker of Check

Bank on Which Drawn

8. Purpose for Which Check Issued

9. If Check or Money Order Was Cashied, Obtain Particulars (Date, Place, Person accepting it, etc.)

N/A

10. Suspects (Name, address, physical description, car description and license no.)

NONE

1. Were Police Notified?

☐ Yes (If "Yes", give Police Report No.:)

☒ No. (If "No", instruct complainant to do so.)

2. Remarks (Continue on reverse, if necessary)

Both outgoing and incoming mail has been stolen, it's been going on for some time now

3. Date of Complaint

3/22/02

14. Complainant's Signature

[Signature]

page 3 of 3