

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 10 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 799000085000 Manufacturing
1. Corporation Name
SUPERIOR ROOF TILE, INC.
50 N. HUGH ADAMS DR
DEFUNIAK SPRINGS FL 32435

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

600005600596--4
-05/23/02--01071--013
****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

Applied For

59-3627255

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

DENNIS A. JONES

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

50 N. HUGH ADAMS DR

Suite, Apt. #, Etc.

City

DEFUNIAK SPRINGS

State

FL

Zip Code

32435

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

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
PRES	DENNIS A JONES	50 N. HUGH ADAMS DR	DEFUNIAK SP. FL 32435
SEC/TRE	GRAY MAGEE	50 N. HUGH ADAMS DR	DEFUNIAK SP. FL 32435

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

850 892-2299

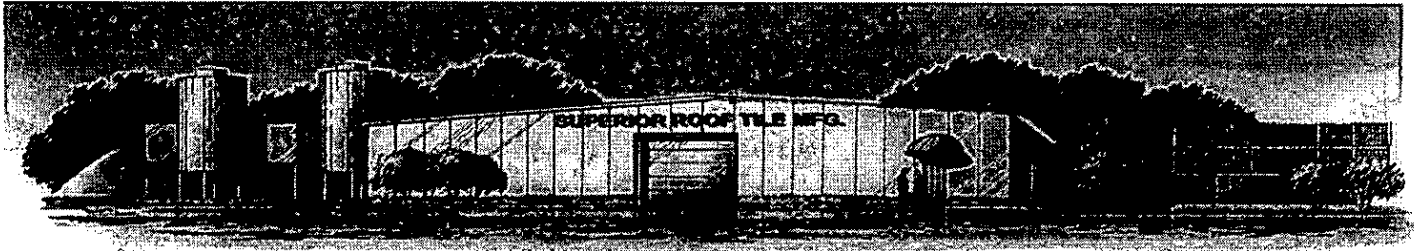
Daytime Phone #

CR2E081 (9/01)



Superior

Roof Tile Manufacturing, Inc.



April 11, 2002

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

Dear Sir/Madam:

We would respectfully like to request a waiver for the reinstatement fees for our corporation. When we originally formed the address was the Destin address but our actual location is 50 N. Hugh Adams Drive and the Uniform Business Report (UBR) was never received at this address. We are submitting the reinstatement form with a fee quoted as \$300.00 and all proper information and would appreciate your consideration with this matter.

Respectfully,

DENNIS A. JONES
President, Superior Roof Tile, Inc.