

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P99000085704			
1. Corporation Name VALLEY ROOFING INC.			
2. Principal Office Address 4160 NW 1ST AVENUE	3. Mailing Office Address 4160 NW 1ST AVENUE		
Suite, Apt. #, etc. 21	Suite, Apt. #, etc. 21		
City & State BOCA RATON, FL	City & State BOCA RATON, FL		
Zip 33431	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 09/28/99	5. FEI Number 650958806-TAX ID P99000085704		
6. CERTIFICATE OF STATUS DESIRED ☐	7. Name and Address of Current Registered Agent		
Name TIMOTHY F HARRINGTON			
Street Address (P.O. Box Number Is Not Acceptable) 4160 NW 1ST AVENUE			
Suite, Apt. #, Etc. 21			
City BOCA RATON	State FL		
Zip Code 33431			
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 <i>Timothy F Harrington</i>	Date 09/21/01		
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR	TIMOTHY F HARRINGTON	21455 SWEETWATER LANE SOUTH	BOCA RATON, FL, 33428
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: <i>Timothy F Harrington</i>		Date 09/21/01	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 3:14

100004614401--9
-09/27/01--01092--006
****150.00 ****150.00

50.79 Additional Fee for Filing
for a Certificate of Status

CP2001 (6/00)



4160 N.W. 1ST AVE., UNIT 21 • BOCA RATON, FL 33431

Monday, September 24, 2001

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

Dear Sir/Madam

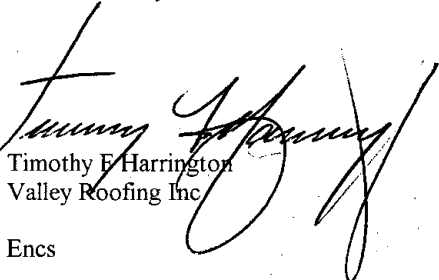
REF: VALLEY ROOFING INC. - 4160 NW 1ST AVENUE, SUITE 21, BOCA RATON, FL,
33431

Please be aware that no notices have been received from your offices notifying us of expiration or any renewal notice.

Therefore, we feel it is unfair to make us pay a reinstatement fee.

Thank you for your consideration.

Yours sincerely


Timothy F. Harrington
Valley Roofing Inc.

Encs