PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 PM 3:14

DOCUMENT # P99000085704

1. Corporation Name
VALLEY ROOFING INC.

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

2. Principal Office Address	3. Mailing Office Address
4160 NW 1ST AVENUE	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	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/99

5. FEI Number: 650958806-TAX ID P99000085704 — X 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: 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: Timothy F Harrington (REGISTERED AGENT MUST SIGN) Date: 09/21/01

CR2E081 (8/00)

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
MR	TIMOTHY F HARRINGTON	21455 SWEETWATER LANE SOUTH	BOCA RATON, FL, 33428

$8.75 09/26

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: Timothy F Harrington 09/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VALLEY ROOFING

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

PHONE: (954) 974-5300 • 800-481-7663 • FAX: (954) 975-3527 LIC. #CCC042796