

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV -2 PM 2:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000090690**

1. Corporation Name

**Z JEFF ROOFING, INC.**

Principal Place of Business

7698 NW 186TH STREET  
 MIAMI FL 33015

Mailing Address

7698 NW 186TH STREET  
 MIAMI FL 33015



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

REINSTATEMENT

JOO

2. New Principal Office Address, If Applicable  
 782 N.W. Lejeune Rd.

Suite, Apt. #, etc.  
 Suite # 428

City & State  
 Miami, Florida

Zip  
 33126

Country  
 MIAMI DADE

3. New Mailing Office Address, If Applicable  
 782 N.W. Lejeune Rd.

Suite, Apt. #, etc.  
 Suite # 428

City & State  
 Miami, Florida

Zip  
 33126

Country  
 MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida

10/14/1999

5. FEI Number

65-0977218

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	EXPOSITO, AGUSTIN	782 N.W. Lejeune	MIAMI, FLORIDA 33126

300004669443--3  
 -11/06/01--01076--010  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

EXPOSITO, AGUSTIN  
 7698 NW 186TH STREET  
 MIAMI FL 33015

9. Name and Address of New Registered Agent

Name  
 AGUSTIN EXPOSITO  
 Street Address (P.O. Box Number is Not Acceptable)  
 782 N.W. Lejeune Rd.  
 Suite, Apt.#, Etc.  
 Suite #428  
 City  
 MIAMI  
 State  
 FL  
 Zip Code  
 33126

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

10/20/01

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Agustin Exposito President 10/20/01  
 Date  
 Daytime Phone #

CR2E040 (8/01)