

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

00 DEC 15 PM 12:38

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DOCUMENT # P99000092787

1. Corporation Name Roberts Roofing, Inc.

2. Principal Office Address
5758 Heckscher Dr.

Suite, Apt. #, etc.

3. Mailing Office Address
5758 Heckscher Dr.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip 32226 Country Duval

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Jacksonville, FL

Zip 32226 Country Duval

4. Date Incorporated or Qualified
To Do Business in Florida October 18, 1999

5. FEI Number
59-3604731

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
Frankie D. Roberts and Jeff Roberts

Street Address (P.O. Box Number is Not Acceptable)
5758 Heckscher Dr.

Suite, Apt. #, Etc.

City
Jacksonville

State FL Zip Code 32226

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
Frankie D. Roberts Jeff Roberts

Date 12-05-00

REGISTERED AGENT MUST SIGN

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. Sec. | Jeffery M. Roberts | 5758 Heckscher Dr. Jax, FL 32226 | Jax, FL 32226 |
| Vice Pres. | Frankie Roberts | 5758 Heckscher Dr. | Jax, FL 32226 |
| Contractor | Same | Same | Same |
| | | | |
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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: Frankie Roberts Jeff Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12-05-00
Daytime Phone # 398-0170

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To the Division of Corporations,

I am Frankie Roberts of Roberts Roofing, Inc. I am writing to inform you that I did not receive my UBR applications for reasons unknown. This is my first year in business and I apologize for my request of your acceptance of \$150 and my application for corporation reinstatement. Thank you for your time.

Sincerely,

Frankie Roberts
Vice President of Roberts Roofing, Inc.

A handwritten signature in cursive script that reads "Frankie Roberts". The signature is written in dark ink and is positioned below the typed name and title.