PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS IS NOT

APPLICATION FOR EINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
			FILED		
DOCUMENT # S92287 1. Corporation Name			NOV -4 AM 11: 34		
McFadden's Roofing, Inc.			RETARY OF STATE	7.7 32.54	
			LAHASSEE, FLORIDA		
Mailing Address Principal Place of Business 1225 Bennett Drive, Suite 111					
Longwood, FL 32750				vr., (4)	
			. •	1600	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable			DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified		
Suite, Apt. #, etc.		4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the second	
City & State		5. FEI Number Applied For S9-3101587 Not Applicable			
	Country		6.		
- Clarita (Clarida anno				المود المعرود مادود بهاد المراد المودد	
Name of Officers Street Address of Each				Land Berthan	
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S,T,D Suite 111			Longwood, FL 3	2/50	
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	·	H	9	V	
	•	REINSTATEMENT			
8. Name and Address of Current Registered Agent			Address of New Registered Agent		
Patricia A. McFadden 64 Sweet Briar Ranch Longwood, FL 32750		A. Blau (P.O. Box Number	is Not Acceptable)		
		Suite, Apt. #, Etc.			
Chy			State, ZpC	789	
varnamed corporation, am	familiar with and accept the				
Signature of Registered Agent Date 10-30-96 REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (600 other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filling is vokuntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Finished statutes: I reliease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k). In the event that the information supplied is deemed any public access. 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. S. I surface certify that when filling into relination must explication the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; and that all fees owed by the corporate on the same tegal effect as if made under oath. SIGNATURE: **Court Office (Statute of the corporation of the co					
	Principal Place of Busin Suite 111 ugh incorrect information 3. New Principal Office Suite, Apt. #, etc. City & State Zip or Director (Florida nonpression) 1225 Suite Registered Agent rofit with I.R.S. Interpretation in the filing is voluntarily by or nor unample amonwhere	Principal Place of Business Suite 111 ugh incorrect information and enter correction below. 3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country or Director (Florida nonprofit corporations must list at least of the Cificer and/or Director (Box Not Use Post Office Box 1225 Bennett Driving Suite 111 Name Les 11e Street Address of Eac Cificer and/or Director (Box Not Use Post Office Box 1125 Bennett Driving Suite 111 Registered Agent Name Les 11e Street Address 2705 W Suite, Apt. #, Etc. City Winter Gistered Agent Nust Sign rofit with I.R.S. 501(c)(3) tax exertions this filling is voluntarily furnished and does not quality of non-corporations with Section 119.07(3) in the registered appropriate and covering street of the 199.032, Florida Statutes. Yes with this filling is voluntarily furnished and does not quality of non-corporations with Section 119.07(3) in the registered appropriate	Principal Place of Business Suite 111 ugh incorrect information and enter correction below. 3. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country Country Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Post Numbers) en 1225 Bennett Drive Suite 111 Park Suite 111 Park Suite, Apt. #, etc. City & State 2705 W. Fairba Suite, Apt. #, etc. City Winter Park Suite, Apt. #, etc. City Suite,	FILED 96 NOV - 1, AM 11: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Suite 111 Oph incorrect information and enter correction below. 3. New Principal Office Address, If Applicable Suite, Apt. 6, etc. City & State Do NOT WRITE IN THIS SPACE 4. Data Incorporated or Qualified 11/6/91 5. FEI Number 59-3101587 6. CERTIFICATE OF STATUS DESIRED Officer and/or Director (Florida comprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (No NOT Use Post Office Book humbers) 4. Data incorporated or Qualified 11/6/91 5. FEI Number 59-3101587 6. CERTIFICATE OF STATUS DESIRED Principal Place of Business Suite Address of Each Officer and/or Director Suite 111 4. DIRECTOR STATUS DESIRED Principal Address of Each Officer and/or Director Suite 111 4. DIRECTOR STATUS DESIRED REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT Application of Address of How Registered Agent Name Legite. Blau Street Address (P.C. Box Numbers is Not Acceptable) 2705 W. Fait Danks Avenue Suite, Apr. 6, Etc. City Winter Park Winter Park Officer and/or Director Officer with I.R.S. 501(c)(3) tax exempt status, check this box State 107-30- GISTERED Acceptable transitions and does not qualify for the exemption stated in Section 118.07(3)(4), Per Voi from Companions with Decision 118,07(3)(4), Per Voi from Companion stated in Section 118.07(3)(4), Per Voi from Companion and Section 118.07(3)(4), Per Voi from	