	PLEASE READ A	JI INIST	'RUCTIONS	REFORE C	OMPLET	ING THIS FORM		
	PLICATION FOR STATEMENT	FLORIDA	A DEPARTMEN Sandra B. Mor Secretary of S VISION OF CORPOR	NT OF STATE tham itate	Ī	FILED		
DOCUMENT # V08091					98 NOV 25 AM 8: 59			
Corporation Name A-1 SUNRISE ROOFING, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
7 1 35 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1					}	MCCMINGSEE, I COMON		
Principal Place of Business Mailing Address 6512 NW 20TH ST 6512 NW 20T			1 ambit] 1196H 11101	I deibi 1840 1861 deibi selen kini bini berk didik berit bini bini b	 	
SUNRISE FL 33313 SUNRISE FL								
If above a	ddresses are incorrect in any way, line thro	REIN		REINS	STATEMENT	48		
2. New Brincipal Office Address, If Applicable 3. New Mailir 65/6 NW 2-57 10696			ng Office Address, If Applicable 4. Date Incor			orated or Qualified less in Florida 01/21/1992		
Suite, Apt. #, etc. Suite, Apt. #, City & State O City & State			etc. 5. FEI Nun			AIOT ADDI ICADI E	ied For	
Zip33313 COUNTRY WARD Zip333			Country 6.			\$8.75 Additional F	Applicable ee required	
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 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
P	POLCHA, STEVE		10690 NW 27TH CT			SUNRISE FL 33322		
VP	ECKHARDT, WILLIAM	11411 NW 32ND PL			SUNRISE FL 33323			
S	TURNER, TIM	2725 LEE ST.			HOLLYWOOD FL 33020			
· · · · · · · · · · · · · · · · · · ·				6000027041064, -12/04/9801116012 ****758.75 *****758.75 \				
	8. Name and Address of Current R	egistered Age	nt		9. Name and A	Address of New Registered Agent		
Name					la de la companya de			
10690 NW 27TH CT				Ĺ	eet Address (P.O. Box Number is Not Acceptable)			
CONTRIOL FE COSE				Suite, Apt. #, Etc.				
10. 1, being appointed the registered agent of the above hamed conformation and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No								
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desytime Phone #								
	3/6/6	1040	<u> </u>				050194 AF	