

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61565**

1. Corporation Name

LAUMAR ROOFING SOUTH, INC.

Principal Place of Business

Mailing Address

1313 PONCE DE LEON BLVD. #200
SUITE 200
CORAL GABLES FL 33134
US

P. O. BOX 1008
FT. LAUDERDALE FL 33302
US

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



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/03/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0357300	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	BAEZ, JOSE	23 MORNINGSIDE CIR 201 N.E. 30th St.	LITTLE FALLS NJ Boca Raton, Fl.
SV	GODOY, JOSE	4820 SW 75TH AVE	MIAMI FL

REINSTATEMENT
(Handwritten signature and date)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORDERO, DIAZ 1313 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134		Name: Jose Baez Street Address (P.O. Box Number is Not Acceptable): P.O. Box 1008 - 800 SW. 21st Tr. Suite, Apt. #, Etc.: Ft. Lauderdale City: _____ State: FL Zip Code: 33302	

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: **12/6/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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 debts 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)* **Jose Baez - Pres.** Date: **12/6/96** Daytime Phone #: **904-521-8335**