

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 19 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06



10052006 REIN-P CR2E098 (11/05)

4. FEI Number: 20-1753036 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # P04000009063

1. Entity Name
TUTTLE ROOFING, INC.



Principal Place of Business: **3091 S.E. WAALER ST. STUART, FL 34997**

Mailing Address: **3091 S.E. WAALER ST. STUART, FL 34997**

2. Principal Place of Business: **3020 Gateway Dr. Pompano Beach, FL**

3. Mailing Address: **3020 Gateway Dr. Pompano Beach, FL**

Suite, Apt. #, etc: **3020 Gateway Dr.**

City & State: **Pompano Beach, FL**

Zip: **33069** Country: **USA**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, **By: NATALIA UTRERA, V.P.**

SIGNATURE: *Natalia Utrera* DATE: **10-16-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	TUTTLE, DENNIS E JR
STREET ADDRESS	3091 S.E. WAALER ST.
CITY-ST-ZIP	STUART, FL 34997
TITLE	VSD <input type="checkbox"/> Delete
NAME	TUTTLE, DIANNA
STREET ADDRESS	3091 S.E. WAALER ST.
CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3020 Gateway Dr.
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3020 Gateway Dr.
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000081148520
CITY-ST-ZIP	10/24/06--01022--023 **750.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **10-5-06** DAYTIME PHONE #: **817-572-5559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #