Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

Registry Number: 124986092
Date of Organization: 09/14/2016
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: DEC 29, 2025
OREGON SECRETARY OF STATE

124986092-28619090

ANYTIME ROOFING LLC **REIANA**

RE: ANYTIME ROOFING LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit $200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 11/13/2025

The reason(s) for administrative dissolution has been eliminated or did not exist.

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By: Pablo Hernandez Date: 12/29/2025
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

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REINSTATEMENT ANNUAL REPORT
Registry Number: 124986092
Date of Organization: 09/14/2016
Type: DOMESTIC LIMITED LIABILITY COMPANY

ANYTIME ROOFING LLC
4337 CRYSTAL AVE NE SPACE 204
SALEM OR 97305

Name of Domestic Limited Liability Company
ANYTIME ROOFING LLC
Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form.

Registered Agent
PABLO HERNANDEZ LUNA
4337 CRYSTAL AVE NE SPACE 204
SALEM OR 97305

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)
4337 CRYSTAL AVE NE SPACE 204
SALEM OR 97305

3) Mailing Address (Address,city,state,zip)
4337 CRYSTAL AVE NE SPACE 204
SALEM OR 97305

4) ☑ **Member or** ☐ **Manager**(Name&Address)
PABLO HERNANDEZ LUNA
4337 CRYSTAL AVE NE SPACE 204
SALEM OR 97305

5) ☐ **Member or** ☑ **Manager** (Name&Address)
PABLO HERNANDEZ LUNA
4337 CRYSTAL AVE NE SPACE 204
SALEM OR 97305

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6) Signature Pablo Hernandez

7) Printed Name Pablo Hernandez

8) Date 12/29/2025

9) Phone Number 5034460918

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
12/29/25