

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 13 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 578718

1. Corporation Name

Advance Hurricane Shutter, Co.

500008015845--9
-09/25/02--01001--022
***1800.00 ***1800.00

REINSTATEMENT 95-02

2. Principal Office Address

1900 NW CORPORATE BLVD.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

302E

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33433

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1978

5. FEI Number

591937542

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Jeffrey J. Weiss

Street Address (P.O. Box Number is Not Acceptable)

21237 Harrow Court

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

8/12/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSI	Jeffrey J. Weiss	21237 Harrow Ct.	Boca Raton, FL 33432

10. 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] Jeffrey J. Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/02 561-994-9877
Date Daytime Phone #

CR2E081 (9/01)