

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004377

1. Corporation Name

Weather Guard Industries Inc. - CROSS REF
Weather Guard Industries of South Florida, Inc.

900180272519
05/04/10--01046--009 **1350.00

2. Principal Office Address - No P.O. Box #
1120 Normandy Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip
33141

Country
USA

3. Mailing Office Address

1120 Normandy Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip
33141

Country
USA

REINSTATEMENT 06-10
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 07/30/2004

5. FEI Number
660643195

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

Carlos O. Collazo

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

1120 Normandy Drive

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33161

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date March 8, 2010

REGISTERED AGENT MUST SIGN

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
P	Carlos O. Collazo	1120 Normandy Dr.	Miami Beach, FL 33141
S/T	Carlos O. Collazo	1120 Normandy Dr.	Miami Beach, FL 33141

CC 5/6

10. E-mail Address: collazoc@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Carlos O. Collazo

March 8, 2010 786.253.9865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #