

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J89910

FILED  
Sep 24, 2014  
Secretary of State

**Entity Name:** MASTERCARE SHUTTER CORPORATION

**Current Principal Place of Business:**

8881 B SE ROBWYN STREET  
HOBE SOUND, FL 33458 US

**New Principal Place of Business:**

8881 B SE ROBWYN STREET  
HOBE SOUND, FL 33455 US

**Current Mailing Address:**

8881 B SE ROBWYN STREET  
HOBE SOUND, FL 33458 US

**New Mailing Address:**

8881 B SE ROBWYN STREET  
HOBE SOUND, FL 33455 US

**FEI Number:** 59-2844777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZANETTI, MICHAEL  
8202 SE ROYAL STREET  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MICHAEL ZANETTI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ZANETTI, MICHAEL  
**Address:** 8202 SE ROYAL ST  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** VP  
**Name:** ZANETTI, DOROTHY  
**Address:** 8202 SE ROYAL ST.  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** S  
**Name:** ZANETTI, DOROTHY  
**Address:** 8202 SE ROYAL ST  
**City-St-Zip:** HOBE SOUND, FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL ZANETTI

PRES

09/24/2014

Electronic Signature of Signing Officer or Director

Date