

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -6 AM 8:00

DOCUMENT # N000000003452

1. Corporation Name

Hurricane Protection Manufacturers Association, Inc.

2. Principal Office Address

12040 Miramar Pkwy

Suite, Apt. #, etc.

Bays 21 & 22

City & State

Miramar, Florida

Zip

33025

Country

USA

3. Mailing Office Address

12040 Miramar Pkwy

Suite, Apt. #, etc.

Bays 21 & 22

City & State

Miramar, Florida

Zip

33025

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

05-15-2000

5. FEI Number

651082458

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

Patrick C. Barthet, Esq.

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

The Barthet Firm, 200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

1800

City

Miami

State

FL

Zip Code

33131

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 8/4/03

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
D	Jeffry T. Robinson	3440 NW 73rd Avenue	Miami, Florida 33122
D	Enrique Revilla	14475 NW 26th Avenue	Opa Locka, Florida 33054
D	Vicente Cruz	14475 NW 26th Avenue	Opa Locka, Florida 33054

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] (JEFFRY T. ROBINSON)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-03

Date

954-392-7933

Daytime Phone #

CR2E081 (10/02)