

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000120

1. Corporation Name

MASTERS HURRICANE SHUTTER, INC.

Principal Place of Business

9706 S.W. 133RD TERRACE  
MIAMI FL 33176

Mailing Address

3311 SW 115TH CT  
HAUSE  
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1005782

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CRUZ, OSMANY	9760 S.W. 133TH	MIAMI FL 33176
VD	CESTI, LUIGGI	3311 SW 115TH CT	MIAMI FL 33165

900008830349  
11/06/02--01075--009 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRUZZ, OSMARY  
9760 S.W. 133TH  
MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 / 786-285  
7630

**Master Hurricane Shutters**

16450 SW 144 Pl

Miami, FL 33177

November 1, 2002

Miami, FL

To whom it might concern:

This letter is to inform you that we've never received the previous notifications sent by your office, therefore I was very surprise when I got this one saying that my company was not active any longer. Around April when we moved, I send a letter asking to change my address to the new one.

On Wednesday, October 30, 2002 a day after I received such notification I contacted your office and talked to a lady, sorry I didn't catch her name who asked me to send this letter explaining the fact that I never got a previous notification and to send along a check for the amount of \$ 150.00 USD, to put my company back on active status.

Please find enclosed the check as well as the application with a change of address request. Thank you kindly for your attention to this matter.

Sincerely

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Luigi A. Cesti

Master Hurricane Shutters