

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019086

1. Corporation Name

MC SHUTTERS, INC.

Principal Place of Business

16017 OPAL CREEK DR.  
FT. LAUDERDALE FL 33331

Mailing Address

16017 OPAL CREEK DR.  
FT. LAUDERDALE FL 33331

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/2000

5. FEI Number

65-0988584

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
P	COLON, MICHAEL	16017 OPAL CREEK DR.	FT. LAUDERDALE FL 33331
V	DAVIS, LISSETTE	16017 OPAL CREEK DR.	FT. LAUDERDALE FL 33331

600009013346  
11/15/02--01011--003 \*\*150.00

8. Name and Address of Current Registered Agent

COLON, MICHAEL  
16017 OPAL CREEK DR.  
FT. LAUDERDALE FL 33331

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Nov 6, 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

Nov 6, 02 305-219-8152

Daytime Phone #

CR2E040 (8/02)

**MC SHUTTERS, INC.**

16017 OPAL CREEK DRIVE  
WESTON, FLORIDA 33331

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Telephone: 305-219-8152

November 7, 2002

Division of Corporations  
Annual Report Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: MC SHUTTERS, INC.  
P00000019086

Dear Sir or Madam:

This letter will confirm my telephone conversation with your office, wherein I advised you that I had not received my renew letter. At this time I would greatly appreciate it if you would reinstate my corporation. I am enclosing a check in the amount of \$150.00, representing your fee.

Thank you for your prompt attention in this matter.

Very truly yours,

Michael L. Colon

MLC/ld  
Enclosure