2004 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

FILED

04 JUL 20 PM 4:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
~~REINSTATEMENT~~
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036917

1. Corporation Name

FREEMAN'S HURRICANE SHUTTERS, INC.

2. Principal Office Address	**3.** Mailing Office Address
4300 SW 57 AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLA	City & State
Zip: 33155 Country: USA	Zip Country

500039395065
07/21/04--01090--002 **150.00

4. Date Incorporated or Qualified To Do Business in Florida 4/07/2000

5. FEI Number 65-1004762 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: NASI FERRA

Street Address (P.O. Box Number is Not Acceptable): 4300 SW 57 AVENUE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33155

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: Nasi Ferra Date: 7-6-04
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
PD	NASI FERRA	4300 SW 57 AVE	MIAMI - FL 33155

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: Nasi Ferra NASI FERRA - President 7-6-04 (305)662-639-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

July 6, 2004

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Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Fineani American Hustler, Inc.

Please note that we did not receive the application to reserve said corporation.
Kindly see our check for $150.00 to reserve same and please waive any penalties.

Sincerely Yours

Dali Fineani