

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 11 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 700 0060 3785

1. Corporation Name

ABSOLUTE STORM PROTECTION, INC

2. Principal Office Address

5721 Funston St #5

Suite, Apt. #, etc.

#5

City & State

Hollywood, FL

Zip

33023

Country

US

3. Mailing Office Address

5721 Funston St

Suite, Apt. #, etc.

#5

City & State

Hollywood, FL

Zip

33023

Country

US

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/00

5. FEI Number

65-0997535

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

Bjorn Thomas Jacobsen

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

11054 SW 16th Manor

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

700005326597-4

-04/23/02--01061--001

****308.75 ****308.75

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]

Date

4/6/02

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
Owner	Bjorn Jacobsen	11054 SW 16th Manor	Davie FL 33324

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/02 (954) 985-0104
Date Daytime Phone #

CR2E081 (9/01)