

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY -5 PM 3:13

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055024

1. Corporation Name

HURRICANE SHUTTER MANUFACTURING, INC

2. Principal Office Address

6909 GIBSONTON

Suite, Apt. #, etc.

3. Mailing Office Address

DR. SAME

Suite, Apt. #, etc.

City & State

GIBSONTON, FL

City & State

Zip

33534

Country

USA

Zip

Country

**REINSTATEMENT**

12-05

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/2000

5. FEI Number

651014807

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

CRAIG HILL

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

6909 GIBSONTON DR

Suite, Apt. #, Etc.

N/A

City

GIBSONTON, FL

State

FL

Zip Code

33534

500054666645

05/17/05-01021-007 \*\*\$500.00

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

Craig Hill

Date

5/02/05

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
<u>PRESIDENT</u>	<u>CRAIG HILL</u>	<u>6909 GIBSONTON DR</u>	<u>GIBSONTON FL 33534</u>

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:

Craig Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/05

Daytime Phone #

813-671-1065

2082

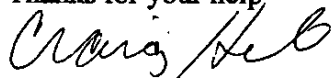
Hurricane Shutter Manufacturing, Inc.  
6909 Gibsonton Drive  
Gibsonton, Florida 33534  
813-671-1065  
813-671-1078 (Fax)  
Email: [hurricane877@verizon.net](mailto:hurricane877@verizon.net)

P00000055024

To whom it may concern,

Enclosed is a payment for \$600.00 for my corporation reinstatement fee,  
Please waive my penalty fee of \$600.00, I moved to a new location and did not receive a  
notification. My previous address was 5010 Marc Drive, Tampa, Florida 33619, we moved to  
6909 Gibsonton Drive, Gibsonton Florida. 33534.

Thanks for your help



Craig Hill

05/02/06