

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 14 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000008138

1. Corporation Name

South Florida shutters &  
Storefront Systems Corp.

2. Principal Office Address

7900A N.W. 64 St

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Same

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/00

5. FEI Number

65-1038230

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

Fernando Pedraza

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

7906A N.W. 64 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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]*

REGISTERED AGENT MUST SIGN

Date

11/13/01

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
P	Fernando Pedraza	7900A N.W. 64 St	Miami FL 33166
V	John C. Campuzano	7900A N.W. 64 St	Miami, FL 33166

01 UBR 78

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]* FERNANDO PEDRAZA

Date

11/13/01

Daytime Phone #

(305) 406-2919

CR20081 (9/00)



**SOUTH FLORIDA SHUTTERS &  
STOREFRONT SYSTEMS CORP.**

*DDgc2012*

November 13, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation reinstatement

To Whom It May Concern:

Please accept our apologies for not filing the UBR due to the fact we did not receive the 2001 report.

The report was sent to the incorrect address, the address listed on the original application has changed and the Dept of State did not have the correct address on file. Enclosed is the original filing fee of \$150.00.

Thanking you in advance for your cooperation in this matter, should you require further information please contact me at (305) 406-2919.

Sincerely,

Fernando Pedraza  
President