

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY -7 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000089104

1. Corporation Name

CENTERFOLD SHUTTER GROUP

W110 --- 17956

REINSTATEMENT 83-10

300175475453
04/13/10--01007--008 **150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

15941 SW 53RD COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES, FL

City & State

Zip

33331

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2003

5. FEI Number

651101871

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

ANTONIO REQUEJO

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

15941 SW 53RD COURT

Suite, Apt. #, Etc.

City

SOUTHWEST RANCHES

State

FL

Zip Code

33331

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

05/11/10--01006--012 **1058.75

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

Antonio Requejo
REGISTERED AGENT MUST SIGN

Date 03/12/2010

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
Mr	Juan L. Machado	13125 NW 47th St	Opa Locha Fl. 33054
Mr	Antonio Requejo	13125 NW 47th St	Opa Locha, Fl. 33054

RH

10. E-mail Address: recolmail@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Antonio Requejo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2010

Date

Daytime Phone #