


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
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| APPLICATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------|---|--|

DOCUMENT # P00000100609

1. Corporation Name

NATIONAL SHUTTERS, INC.

Principal Place of Business

Mailing Address

7640 ROBINWOOD DR.
PORT ST. JOE FL 32456

7640 ROBINWOOD DR.
PORT ST. JOE FL 32456

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

160 Cessna Dr

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip

32456

Country

USA

3. New Mailing Office Address, If Applicable

160 Cessna Dr.

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip

32456

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2000

5. FEI Number

593682934

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| D | PARKER, LOUIS D | 7640 ROBINWOOD DR. | PORT ST. JOE FL 32456 |
| | | 160 Cessna Drive | |
| | | | 300004672109--9 -11/08/01--01011--006 ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

Louis D Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-01

Date

866-227-9200

Daytime Phone #

CR2E040 (8/01)



National Shutters, Inc.

160 Cessna Drive
Port St. Joe, FL 32456
Phone: 866-227-9200 Fax: 850-229-9549

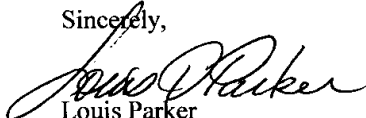
October 18, 2001

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

To Whom It May Concern:

Please except our deepest apologies, National Shutters, Inc. is a new corporation and did not have any knowledge that we had to file a corporation annual report/uniform business report. We also did not receive the first notice in the mail that was due. The address printed on the application for reinstatement is the incorrect address. Please accept this check of \$150.00 and our apologies.

Sincerely,


Louis Parker
President