

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000103711

1. Corporation Name

A & M RE-SCREEN & SHUTTERS, INC.

Principal Place of Business

1811 KEENLAND CIRCLE
WEST PALM BEACH FL 33415

Mailing Address

1811 KEENLAND CIRCLE
WEST PALM BEACH FL 33415

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

2. New Principal Office Address, If Applicable

4826 Paulie Ct.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33415

Country

USA

3. New Mailing Office Address, If Applicable

4826 Paulie Ct

Suite, Apt. #, etc.

City & State

WPB, FL

Zip

33415

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2000

5. FEI Number

65-1053153

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	ARAUJO, MOACIR delete	1811 KEENLAND CIRCLE	WEST PALM BEACH FL 33415
D	MARTINEZ, MARGARITO	1811 KEENLAND CIRCLE 4826 Paulie Ct.	WEST PALM BEACH FL 33415
D	MARTINEZ, Yordany	4826 Paulie Ct.	WPB, FL 33415
			400009154014 11/21/02--01092--009 **150.00

8. Name and Address of Current Registered Agent

ARAUJO, MOACIR
1811 KEENLAND CIRCLE
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name

MARGARITO Martinez

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

4826 Paulie Ct.

Suite, Apt. #, Etc.

City

WPB

State

FL

Zip Code

33415

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/02 561-317-5373

CR2E040 (8/02)

D & M BUSINESS SERVICES

2032 S. MILITARY TR.

WEST PALM BEACH, FLORIDA 33415

TEL. 561-969-2466 & FAX 561-969-2450

November 18, 2002

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

Re: A & M Re-Screen & Shutters, Inc.
P00000103711

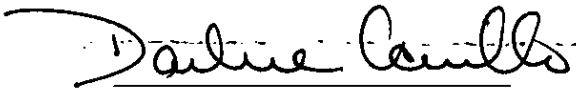
To Whom It May Concern:

The renewal for the 2002 annual report for this corporation was not sent to the correct address or on a timely fashion. On the 2001 report there was a change of address from the one you show on file to the new address.

The client had not received anything at his new address until this dissolution. They do not want to dissolve the corporation but for them to pay \$750.00 when it is partially the state's fault is difficult.

I am enclosing the form with the changes and his check for \$150.00 to be considered. Please advise what will be done for this matter. I thank you for your time and consideration with this case.

Sincerely,



Darlene Carrillo
Accountant