## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		DEL ONE	COMPLETING THIS FORM.
CORPORATION REINSTATEME		LORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  04 JAN 15 PM3: 48
DOCUMENT	# 0-24		O4 SAN 15 PHIR; 48
1. Corporation Name	", YOUDOO	105683	
ALAH	urricane	105683 shutter Corp	
İ			1
2. Principal Office Address			02-09
576 marshall d 3. Mail		Mailing Office Address	REMSTATEMENT UZ U
Suite, Apt. #, etc.		te, Apt. #, etc.	I DEPOSE HATE A HATE A PROPERTY OF A
City & State		201	4. Date Incorporated or Qualified To Do Business in Florida
-W. P. Beh	_f.1 ~   cm	& State	5. FEI Number
<sup>Zip</sup> 334/3	P. Bch Zip	Country	65-1069696   Applied For Not Applicable
	1.1364		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
Name / / Name and Address of Current Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)			
576 MArshall rd 000027018520 Suite, Apt. #, Etc. 01/15/04-01023002 **450 00			
City	101		55555 00E *** 130 (II)
W.P.	Bch		State Zip Code
8. I, being appointed the regis	stered agent of the above name	ed corporation, am familiar with and accept the ob	1-
Signature of Registered Agent	laws f.	yn_	
9. Names and Street Address	REGISTER	RED AGENT MUST SIGN	Date // 2/04
		ctor (Florida nonprofit corporations must list at lea	st 3 directora)
Post Chal	cers and/or Directors	Officer and/or Director	City / State / Zip
1/0 Charl	es t. Moore	E 576 Marshall	rd W. P. Bch
W. D.	MOORE	-	
I.P.	MOORE		
	EIOOKC		• •
10. I certify that I am an officer of this reinstatement application	r director or the receiver or trust , the reason for dissolution has	se empowered to execute this application as provide been eliminated the company.	rided for in chapter 607 or 617, F.S. I further certify that when filing
on this application is true and	been paid and the names of in accurate, and my signature sh	dividuals listed on this form do not qualify for an eal have the same legal effect as if made under on	rided for in chapter 607 or 617, F.S. I further certify that when filing or equirements of section 607.0401 or 617.0401, F.S., that all fees exemption under section 119.07(3)(i), F.S. The information indicated ith.
SIGNATURE: Chale P. M.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-254-1011			
/ Date Daytime Phone #			

To: Division of Corporations
Jan. 12, 2004
Division of Reinstatement
P.O. Box 6198

Tallahassee, FL 32314

From: Charles P. Moore, Pres.
AIA Hurricane Shutter Corp.
576 Marshall Road
West Palm Beach, FL 33413

Corp. Doc. #P00000105683

To whom it may concern,

This letter is to inform you that I did not receive a 2002 or 2003 Annual Report Letter or any other statements of notification.

Enclosed is a check for \$450.00, as discussed with Andy of your dept., to reinstate my corporation.

If you have any questions, please call at 561-254-1011.

Thank you,

Charles P. Moore, Pres,