## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -4 PM 3:25

SECRETARY OF STATE TALLAHASSFE, FLORIDA

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

1. Corporation Name

## NEW LIFE SHUTTER'S, CORP

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. Date Incorporated or Qualified To Do Business in Florida  O2/22/2001  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  S8.75 Additional Fee regular contents of the conte	1860 NW 107TH ST 1860 NW 107			7TH ST					
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business In Florida To Post In Florida To Post In Florida To Do Business In Florida To Post In Florida To P	MIAMI FL 3	3167	67		DENETATEMENT 83				
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City & State  City & State  Country  Co	Suite, Apt.	#, etc.			-5" FEI Number		<del></del>		
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Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip  D PEREZ, FREDDY 1880 NW 107TH ST MIAMI FL 33167  D PEREZ, MARIA DEL 1880 NW 107TH ST MIAMI FL 33167  D PEREZ, MARIA DEL 1880 NW 107TH ST MIAMI FL 33167  SCHOOL 24.39.39.15  117/047/0301011003 ***150.00  8. Name and Address of Current Registered Agent Name  PEREZ, FREDDY 1880 NW 107TH ST MIAMI FL 33167  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State Zip Code FL  FL  10. I, being appointed the registered agent of he above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.	Zip	Country	Zip	Count	ry .		S8.	.75 Additional Fee required for a Certificate of Status	
D PEREZ, FREDDY 1860 NW 107TH ST MIAMI FL 33167  B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  Registered Agent Registered Agent MIAMI FL 33167	7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	st 3 directors)			
D PEREZ, MARIA DEL 1860 NW 107TH ST MIAMI FL 33167  SOPO 24393915 1170470301011003 **150,00  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent  PEREZ, FREDDY 1860 NW 107TH ST MIAMI FL 33167  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sulfe. Apt. #, Etc.  City FL  State Zip Code FL  Signature of Registered Agent  Pages Street Agent MUST SIGN  REGISTERED AGENT MUST SIGN	litle(s)   and/or Directore			Officer and/or Director					
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Signature of Registered Agent Date 10-16-03					City			Zip Code	
REGISTERED AGENT MUST SIGN	10. I, being	appointed the registered agent of the abo	ve named corpo	ration, am familiar w	ith and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.050	5, F.\$.	
REGISTERED AGENT MUST SIGN	Signatura o		2	i e			10 - 11	7	
11 Logify that Lam an officer or director or the receiver or trucks amounted to execute this amplication as provided for in charter 607 as 617 F.O. Liveber and it. that when filling	Nogistered Agent						Date _//	, 20 5	
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 indicate	this rein	statement application, the reason for disso	lution has been	eliminated, the corpo	orate name satisfies	the requirements	of section 607.0401 or 617.0	401, F.S., that all fees	

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

OCTOBER 16, 2003.

FLORIDA DEPARTMENT OF STATE Division of Corporation P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Corporate Annual Fee # P02000019477

Dear Secretary of State:

The Purpose of this letter is to request an exemption of penalty for late payment year 2003 according with Uniform Business Report of NEW LIFE SHUTTER, CORP. a Florida Corporation.

I have not paid Annual Fee Corporation because I, lost my job for the last five month, however I, want the name hold for future business, at this time I don't starting any business with this Corporation because I'm waiting for licenses application, I have attached APPLICATION FOR REINSTAMENT, also annual fee payment check for amount of \$150.00.

I m requesting said exemption because I have personal difficult economic situation, I will appreciate if possible it's exempt this penalty for late payment.

Should you have any question regarding this matter, please call me at telephone number (305) 953-2446.

Sincerely,

NEW LIFE SHUTTER'S, CORP

FREDDY PEREZ

President