

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019477

1. Corporation Name

NEW LIFE SHUTTER'S, CORP

Principal Place of Business

Mailing Address

1860 NW 107TH ST
MIAMI FL 33167

1860 NW 107TH ST
MIAMI FL 33167

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2001

5. FEI Number

65-1079291

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	PEREZ, FREDDY	1860 NW 107TH ST	MIAMI FL 33167
D	PEREZ, MARIA DEL	1860 NW 107TH ST	MIAMI FL 33167

500024393915
11/04/03--01011--003 **150.00

8. Name and Address of Current Registered Agent

PEREZ, FREDDY
1860 NW 107TH ST
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name

SAME

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-16-03

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 #

10-16-03 (305) 953-2446

CR2E040 (7/03)

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