2004AR

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -1 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS

DOCUMENT # P01000043500

1. Corporation Name

HURRICANE RESTORATION & RENOVATIONS, INC
JULIO E CAMPS
4776 SW 75TH AVE

2. Principal Office Address		**3.** Mailing Office Address	
JULIO E CAMPS		4776 SW 75TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33155	USA	33155	USA

4. Date Incorporated or Qualified To Do Business in Florida MAY 29, 2002

5. FEI Number 651102283 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JULIO E CAMPS

Street Address (P.O. Box Number is Not Acceptable): 6374 SW 139TH CT

400039395494
07/21/04--01069--007 **150.00

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33183

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 7/16/04

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Camps, Julio E.	6374 Southwest 139th Ct	Miami, FL 33183

10. 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: _____ 7/16/04 305-796-6284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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HURRICANE RESTORATION & RENOVATIONS, INC
4776 SW 75TH AVENUE • MIAMI, FL. 33155
305-265-0332 • 305-265-0794 • 305-0864 Fax

August 18, 2004

Division of Corporations
Ruby Dunlap
P.O. Box 6327
Tallahassee, Fl. 32314

Re: No. P01000043500

On July 28th, I received your replied to a letter sent to your Department, in regards to the $400.00 late fee and the yearly dues of $150.00 ck# 376.

I would like to notify I did not receive the annual report notice. And as you see, I just answered the intent to cancel notice. My new Office manager received it and brought it to my attention right away. I hope that your Department can help me with this matter. I am

Sincerely,

Julio Camps
Owner

JEC:gk