

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000060516**

1. Corporation Name

**ALL SEASON SHUTTERS INC**

2. Principal Office Address

**9140 Cypress Dr. N**

Suite, Apt. #, etc.

City & State

**FT. MYERS FL**

Zip

**33912**

Country

**USA**

3. Mailing Office Address

**9140 Cypress Dr. N**

Suite, Apt. #, etc.

City & State

**FT MYERS FL**

Zip

**33912**

Country

**USA**

**REINSTATEMENT**

3-04

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/18/2001**

5. FEI Number

**651142474**

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

**CONDON MICHAEL T.**

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

**9140 Cypress Dr. N**

Suite, Apt. #, Etc.

City

**FT MYERS FL**

State

**FL**

Zip Code

**33912**

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

*Michael T. Condon*

REGISTERED AGENT MUST SIGN

Date

**4/30/04**

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

<u>Titles</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City / State / Zip</u>
<b>D</b>	<b>CONDON Michael T</b>	<b>9140 Cypress Dr. N</b>	<b>FT MYERS FL 33912</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/30/04**

Daytime Phone #

**239-340-0778**

B



1320 Rail Head Blvd. Suite #3

Naples FL 34110-8437

PHONE: (239) 596-7488

FAX: (239) 596-7430

#P01000060516

2082

To whom it may concern  
Please WAVE OUR Penalties -  
we did NOT receive our application  
for Filing our Report in 2003

Michele Cardon

150.00 2003

150.00 2004

---

300. Both.

9.75

certificate of statis.

---

#308.75 TOTAL CK #2699