

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000102957

1. Corporation Name

Absolute Storm Protection Services, Inc.

2. Principal Office Address

5 Lane Drive

Suite, Apt. #, etc.

Unit E

City & State

Mary Esther, FL

Zip

32569

Country

U.S.A.

3. Mailing Office Address

5 Lane Drive

Suite, Apt. #, etc.

Unit E

City & State

Mary Esther, FL

Zip

32569

Country

U.S.A.

FILED

05 DEC -8 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300062019633
12/08/05--01051--013 **900.00

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida** October 24, 2001

5. FEI Number
59-3754987

☐ 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

Daniel C. Perri

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

4 Eleventh Avenue

Suite, Apt. #, Etc.

Suite One

City

Shalimar

State
FL

Zip Code
32579

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

[Signature]

Date

12-5-2005

REGISTERED AGENT MUST SIGN

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
D	Rudi Schmeer	703 Forest Sores Drive	Mary Esther, FL 32569
D	Birgit Heinen	703 Forest Sores Drive	Mary Esther, FL 32569

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-05-05 (850) 244-0039

5 Lane Drive, Unit E
Mary Esther, FL 32569
(850) 244-0039 office
(850) 244-0089 fax
www.absolute-storm-protection.com

2082

Absolute Storm Protection

December 6, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

We were required to pay the corporation reinstatement fee for failure of file the Annual Report/Uniform Business Report I 2004.

Our address changed in 2004 and we did not receive a notice to file the 2004 or 2005 Annual Report/Uniform Business Report even we had forward our mail to the new address. The filing requirement was therefore inadvertently overlooked.

We respectfully request that the corporation reinstatement fee be abated and refunded. Should you have any questions, please contact us.

Sincerely,


Rudi Schmeer