

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

1063

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT -7 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000805

1. Corporation Name

B & J HURRICANE SHUTTERS INC.

2. Principal Office Address

2745 SW 92 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

Zip

33165

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-03-2002

5. FEI Number

04-3598519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee/Response
to a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRYAN J. PEREZ

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

2745 SW 92 Ave

Suite, Apt. #, Etc.

MIAMI

City

FLA

State
FL

Zip Code

33165

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]

REGISTERED AGENT MUST SIGN

Date

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	BRYAN J. PEREZ	2745 SW 92 Ave	MIAMI, FL 33165
SECY.	JOAQUIN J. MARTINEZ	2745 SW 92 Ave	MIAMI, FL 33165

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 #

FILED

243

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIAMI, SEPTEMBER 21, 2004

FLORIDA DEPARTMENT OF STATE

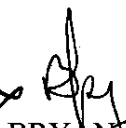
My corporation, B & J HURRICANE SHUTTERS INC, P02000000805

Was incorporated on January 03, 2002. I never received an ANNUAL REPORT

For 2003 and 2004 and was not aware that it was late.

I am enclosing \$ 300.00 to cover both year and ask you to, please waive the
Penalty for that period.

SINCERELY YOURS,



BRYAN L. PEREZ
President

Charter Number Only

3 of 3

VALIDATION ONLY

10/6/04

Miriam Tundra

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

B & J Hurricane Shutters Inc.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED
04 OCT - 7 AM 10:16
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier