PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 OCT -7 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 3

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000000805

1. Corporation Name
B & J HURRICANE SHUTTERS INC.

900041814199
10/12/04--01028--024 **300.00

2. Principal Office Address	3. Mailing Office Address
2745 SW 92 Ave	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Miami, Fla.	City & State
Zip: 33165 Country: USA	Zip Country

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 ☐ $5.00 Additional for Certificate

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] Date

REGISTERED AGENT MUST SIGN

CR2E031 (6/04)

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, Fla 33165
SEC/TR.	JOAQUIN J. MARTINEZ	2745 SW 92 Ave	Miami, Fla 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

243

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

3 of 3

Charter Number Only

10/6/04

Miriam Fundora

Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

B & J Hurricane Shutters Inc.

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TALLAHASSEE, FLORIDA

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

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

CR2E031 (R8-85)