2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000047478 1. Entity Name FILED. CARIBBEAN CLASSIC SHUTTERS, INC. 06 SEP 21 AM 10: 50 Principal Place of Business Mailing Address SECKE LAND OF STATE 323 HAWTHORNE DR 323 HAWTHORNE DR TALLAHASSEE, FLORIDA LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09192006 REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For 01-0677209 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, DENNIS S Street Address (P.O. Box Number is Not Acceptable) 323 HAWTHORNE DR LAKE PARK, FL 33403 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition 200080195212 09/26/06--01075--033 **150.00 NAME HUGHES, DENNIS S NAME STREET ADDRESS 323 HAWTHORNE DR STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-ZIP CITY-ST-ZIP Change TITLE 🔀 Delete TITLE ☐ Addition BROLSMA, JACK M NAME UBHES DENNIS S 13 HAWTHORNE OR NAME 129 E ILEX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-7IP 33403 TITLE □ Delete TITLE Change ☐ Addition HUGHES, DENNIS S NAME NAME STREET ADDRESS 323 HAWTHORNE DR STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY - ST - 73P ☐ Delete TITE F TITLE Change ■ Addition HUGHES, DENNIS S NAME NAME STREET ADDRESS 323 HAWTHORNE DR STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUGHES, DENNIS S NAME STREET ADDRESS STREET ADDRESS 323 HAWTHORNE DR CITY-ST-ZIP CITY-ST-ZIP LAKE PARK, FL 33403 TITLE ☐ Change TITE F ☐ Delete Addition NAME HUGHES, DENNIS S NAME STREET ADDRESS 323 HAWTHORNE DR STREET ADDRESS K. Eckel SEP 2 2 2006 CITY-ST-ZIP CITY-ST-ZIP LAKE PARK, FL 33403 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

12. Thereby certify that the information supplied with this titing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/06 561-252-6240