

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 31 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000079539**

1. Corporation Name

**BELIZEAN BREEZE STORM
SHUTTERS MANUFACTURING, INC.**

2. Principal Office Address

535 26th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33407

Country

U.S.A

Zip

Country

REINSTATEMENT
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12-1-06

5. FEI Number

050546399

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

FRANCIS TAEGAR

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

535 26th STREET

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

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

REGISTERED AGENT MUST SIGN

Date

561 10/25/06

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
PCED	FRANCIS TAEGAR	535 26 th STREET	WEST Palm Bch, FL 33407
VP	RITA TAEGAR	420 33rd STREET	" " " " "
VP	Ruth SIMPSON	420 33rd STREET	" " " " "

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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 contained in Chapter 119, 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

10/25/06
Date

(661) 315-5191
Daytime Phone #