PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE Secretary of State Division of Corporations						FILED FEB 24 PM 4: 05			
DOCUMENT # P020000 91674						ECRETAR' LLAHASS	Y OF STATE EE. FLORIDA	·	
j -1	lurri	CANE STORM	n Systems	INC.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				·
2. Principal Office Address			3. Mailing Office Address			Ciaic?	TATEM		1 _ 54
3832-10 BAYMEADOWS Rel			3832-10 BAYMENDOWS KOTT			einstatewent <u>D - 24</u>			
Suite, Apt. #, etc. 単 ろしし			Suite, Apt. #, etc. # 366			4. Date Incorporated or Qualified To Do Business in Florida ANG 22, 2007			
City & State			City & State			5. FEI Numbe		 	olied For
Treksonville Flat			JACKSOUVILLE	-t-la		03047	C	 	Applicable
Zip 322	.17	Country UBA	Zip 32217	Country にらA		6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additional for a Certificate	
7. Name and Address of Current Registered Agent									
	Name Howard CAPLAN ATTY PA Street Address (P.O. Box Number is Not Acceptable) 3 9 00 ATLANTIC BLVA Suite, Apt. #, Etc. City TACKSONVICE State Zip Code FL 32207								.00 .
Signature of Pegistered Agent Date REGISTERED AGENT MUST SIGN									CR2E081 (01/04)
0 11	and Channel A				liet et le	act 9 disactors)		•	
	and Street A	Name of	/or Director (Florida nonprofit corporations must list at least 3 Street Address of Each						
Titles	Officers and/or Directors		Officer and/or Directo		· · · · · · · · · · · · · · · · · · ·		City / State / Zip		
PR	PENNY L. OLSO GERMAD L. OLSO		ON 706 SAST ST			BOAUfert	5,1, 299	02	
V.PR	GER	PMD L. 028	on -			عدد و شد و	~- ~ ~/) ~		
						•			
								· · · · · · · · · · · · · · · · · · ·	
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 filling 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 cath.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #									

The



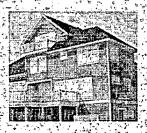
HURRICANE STORM SYSTEMS, INC.

WILMINGTON, NC 28402

TOLL FREE:

888-296-2558

910-251-2558



TO Secol OF STATE FLAT

2.15.04

RE-CORPORATE RE-INSTATEMENT

OUR ADDRESS WAS INTMIN IMPRUARRY LISTES

PO BOX 364-

JACKSONVILL FL 32717

THERE FORE I WAVE WEVER RECIEVED ANY MATERIALS

FROM YOU OFFICE.

BOTH THE PRINC / MAILING ADDRESS FOR OUR CORP IS

3837-10 BAYMEADOWS Rd # 366

JACKSOUVILLE FLA 32717

I HAVE FILED ALL OTHER FORMS, PAID SMILS TAX TOGE

I WOULD APPRECIATE YOU ATTENTION TO OVER REJUSTATIONENT

THANKYON Shu

our Home Office 15 6430 CAROLINA BEACH Rol WILMINGTON N.C. 28426

1-888 296 2558

PER YOUR INSTRUCTIONS I AM BUCLUSING -300.00 for 2002-2003