

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

FEB 24 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091674

1. Corporation Name

HURRICANE STORM SYSTEMS INC.

2. Principal Office Address

3832-10 BAYMEADOWS Rd

Suite, Apt. #, etc.

366

City & State

JACKSONVILLE FLA

Zip

32217

Country

USA

3. Mailing Office Address

3832-10 BAYMEADOWS Rd

Suite, Apt. #, etc.

366

City & State

JACKSONVILLE FLA

Zip

32217

Country

USA

REINSTATEMENT

03-24

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 22, 2002

5. FEI Number

030479 449

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

HOWARD CAPLAN ATTY PA

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

3900 ATLANTIC BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32207

900029308339

02/24/04--01039--024 **300.00

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

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
PR	PENNY L. OLSON	706 EAST ST	BOULDER CO. 29902
V-PR	GERALD L. OLSON		

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:

GERALD L. OLSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V.P. 2-15-04 910-2979729

CR2E081 (01/04)



HURRICANE STORM SYSTEMS, INC.

P.O. BOX 2133
WILMINGTON, NC 28402

TOLL FREE: 888-296-2558
PHONE: 910-251-2558
FAX: 910-251-8359



TO: Secy OF STATE Fla

2.15.04

RE: CORPORATE RE-INSTATMENT

OUR ADDRESS WAS INITIALLY IMPROPERLY LISTED

AS P.O. BOX 366 JACKSONVILLE FL 32217

THEREFORE I HAVE NEVER RECEIVED ANY MATERIALS
FROM YOUR OFFICE.

BOTH THE PRINC/MAILING ADDRESS FOR OUR CORP IS

3832-10 BAYMEADOWS Rd # 366

JACKSONVILLE FLA 32217

I HAVE FILED ALL OTHER FORMS, PAID SALES TAX ETC

I WOULD APPRECIATE YOUR ATTENTION TO OUR RE-INSTATMENT,

THANK YOU

M. H. W.

OUR HOME OFFICE IS 6430 CAROLINA BEACH Rd

WILMINGTON NC 28426

P.S.

1-888-296-2558

PER YOUR INSTRUCTIONS I AM ENCLOSED

300.00 FOR 2002-2003