


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000125072 1. Entity Name B.L. SHUTTERS DELIVERY SERVICES, INC.					
Principal Place of Business 8535 SW 44 ST MIAMI, FL 33155			Mailing Address 8535 SW 44 ST MIAMI, FL 33155		
2. Principal Place of Business 7215 SW 21 STREET		3. Mailing Address 7215 SW 21 STREET			
Suite, Apt. #, etc. REAR		Suite, Apt. #, etc. REAR			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 06-1661204	
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, BARBARO R 8535 SW 44 ST. MIAMI, FL 33155			7. Name and Address of New Registered Agent Name LILIAM FERNANDEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 1440 JFK CAUSEWAY SUITE 301 City North Bay Village FL Zip Code 33141		
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 <u><i>[Signature]</i></u> DATE 09/13/2006 <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, BARBARO R 8535 SW 44 ST MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, BARBARO R 7215 SW 21 STREET MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080226616 09/27/06--01052--017 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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: <u><i>[Signature]</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
06 SEP 22 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132006 REIN-P CR2E098 (11/05-06)