

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETION

APPROVED
AND
FILED

05 APR 20 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000134642

1. Corporation Name

Olva Hurricane Shutters Protection, Inc

2. Principal Office Address

17360 SW 232 ST.

Suite, Apt. #, etc.

Lot 55

City & State

Miami, FL

Zip

33170

Country

USA

3. Mailing Office Address

17360 SW 232 ST.

Suite, Apt. #, etc.

Lot 55

City & State

Miami, FL

Zip

33170

Country

USA

REINSTATEMENT 04-05
THK

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2003

5. FEI Number

87-0713684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Juan M. Olva

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

17360 SW 232 Street

Suite, Apt. #, Etc.

Lot 55

City

Miami

State

FL

Zip Code

33170

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 04-13-05

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
DP	Juan M. Olva	17360 SW 232 ST. Lot. 55	Miami, FL 33170

700054685777
15/17/05--01065--002 ***300.00

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)(f), 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

Date

04-13-05

Daytime Phone #

292

OLIVA HURRICANE SHUTTERS PROTECTION, INC
17360 SW 232 street, Lot 55
Miami, FL 33170
Phone (786)346.6691

April 13, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Oliva Hurricane Shutters Protection, Inc**
P03000134642

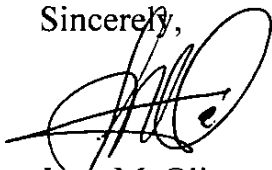
To Whom It May Concern,

Please accept this letter as a request to **REINSTATE** my corporation. Enclosed find check in the amount of \$ 300.00 that includes the annuity of 2004/20055. I do not received any notice about the annual report.

Please change the address as listed above.

Thank you in advance for your time and consideration and feel free to contact me if you have any questions.

Sincerely,



Juan M. Oliva
President