APPROVED AND FILED

06 NOV -7 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (12/05)

05-06

DOCUMENT # P04000026196

1. Corporation Name

METN VINYL INSTALLER, INC

2. Principal Office Address	3. Mailing Office Address
2200 S CYPRESS BEND	2200 S CYPRESS BEND
Suite, Apt. #, etc. # 701	Suite, Apt. #, etc. # 701
City & State POMPANO BEACH	City & State POMPANO BEACH
Zip 33069 Country USA	Zip 33069 Country USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 20-0723394 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required (Certified Certificate of Status)

7. Name and Address of Current Registered Agent

Name: TAX HOUSE CORPORATION

Street Address (P.O. Box Numbers Not Acceptable): 1261 E SAMPLE RD

Suite, Apt. #, Etc.:

City: POMPANO BEACH State: FL Zip Code: 33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 10/25/06

REGISTERED AGENT MUST SIGN

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
P	TEURRI CARDOSO	2200 S CYPRESS BEND	POMPANO BEACH,FL 33069
D	JUAREZ MAIA	6992 NW 29 WAY	FORT LAUDERDALE, FL 33309

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: _____ 10-25-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

297

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000269612 3)))

H06000269612 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : TAX HOUSE CORPORATION
Account Number : I20000000137
Phone : (954)782-4000
Fax Number : (954)782-8252

CORPORATION REINSTATEMENT

METN VINIL INSTALLER, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Menu Help