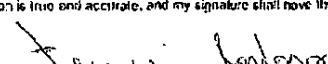


APPROVED
AND
FILED

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	
DOCUMENT # P04000026196			
1. Corporation Name METN VINYL INSTALLER, INC			
2. Principal Office Address 2200 S CYPRESS BEND		3. Mailing Office Address 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	
		6. CERTIFICATE OF STATUS DESIRED ☐ YES ☒ NO YES: Additional Fee required NO: Certificate of Status	
7. Name and Address of Current Registered Agent			
Name TAX HOUSE CORPORATION			
Street Address (P.O. Box / Postbox Not Acceptable) 1261 E SAMPLE RD			
Suite, Apt. #, Etc.			
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 617.0503, 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)			
Title	Name of Officer 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: 		Date 10-25-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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)))



H060002696123AEC3

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 : 120000000137
Phone : (954) 782-4000
Fax Number : (954) 782-8252

CORPORATION REINSTATEMENT

MEFN VINYL INSTALLER, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help