

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000077013 1. Entity Name STORM SCREEN, INC.			
Principal Place of Business 10580 SW 184 TERR MIAMI, FL 33157		Mailing Address 10580 SW 184 TERR MIAMI, FL 33157	
2. Principal Place of Business 18795 S.W. 108 AVE. Suite, Apt. #, etc.		3. Mailing Address 18795 S.W. 108 AVE. Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33157	Country USA	Zip 33157	Country USA
4. FEI Number 010813570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required		10082005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent ELLIS, KEITH 10580 SW 184 TERR MIAMI, FL 33157		7. Name and Address of New Registered Agent Name KEITH ELLIS Street Address (P.O. Box Number is Not Acceptable) 18795 S.W. 108 AVE. City MIAMI FL Zip Code 33157	
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 DATE 10/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 ELLIS, KEITH 10580 SW 184 TERR MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000080632910 10/14/05--01065--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD KEITH ELLIS 18795 S.W. 108 AVE. MIAMI, FL. 33157	<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
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 exemption stated in Section 119.07(3)(i), 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KEITH ELLIS DATE 10/10/05 DAYTIME PHONE # 305-588-5699	

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