

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000051962

1. Entity Name  
HURRICANE HOME PROTECTION, INC.



FILED

06 SEP 28 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14932 SW 173RD TERR  
MIAMI, FL

Mailing Address  
14932 SW 173RD TERR  
MIAMI, FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272006

REIN-P

CR2E098 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CESPEDES, MERCEDES  
14932 SW 173RD TERR  
MIAMI, FL

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CESPEDES, DOMINGO  
14932 SW 173RD TERR  
MIAMI, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
300080258779  
09/28/06--01028--007 \*\*150.00

TITLE  
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CITY - ST - ZIP  
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CESPEDES, MERCEDES  
14932 SW 173RD TERR  
MIAMI, FL ☐ Delete

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/06 (305) 4096452  
Date Daytime Phone #

**Hurricane Home Protection, Inc.**

14932 SW 173rd. Terrace

Miami, Florida 33187

Tel. 305 409 6452

September 27th. 2006

Secretary of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Reinstatement of  
Corporation Doc  
P05000051962

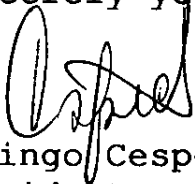
Gentlemen:

By this letter I am requesting from the Division to waive the penalties (late fees) of the Annual report. We never receipt any correspondence from you to do it. It was the first year of the Corporation and I did not known of my obligation to do it.

Attached is the form I got from the Internet and a Check for \$150.00 to the Secretary of State.

Hopping you accept my petition

Sincerely yours,



Domingo Cespedes  
President