

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVE
AND
FILED

DOCUMENT # P05000089038

1. Entity Name
ARCHITECTURAL AWNING & CANOPY, INC.



08 MAR 21 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1701 GRANGE CIRCLE
LONGWOOD, FL 32750

Mailing Address
1701 GRANGE CIRCLE
LONGWOOD, FL 32750

203-25-08

2. Principal Place of Business
215 PINEOAK ST.
Suite, Apt. #, etc.
#121

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

Zip
32750

Country
USA

Zip

Country



REINSTATEMENT 0608

4. FEI Number

203041459

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

STEWART PETERSON - PRESIDENT

29 JAN 2008

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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
PETERSON, STEWART
1701 GRANGE CIRCLE
LONGWOOD, FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
03/24/08 01.030 - 013 \$1,050.00

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

STEWART PETERSON - Pres

29 JAN 2008

FA 332-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #