

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name *Allstar Shutters, Inc.*

PO5000098703

500180565365
05/07/10--01037--023 **508.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1933 SE AVE.

3. Mailing Office Address

1933 SE 8th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

CAPE Coral FL.

Zip

33990

Country

Lee

Zip

33990

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

7/13/05

5. FEI Number

203155914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce DePino

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

1933 SE 8th Ave.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Bruce DePino

Date

5/1/2010

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
<i>PRES</i>	<i>Bruce DePino</i>	<i>1933 SE 8th AVE</i>	<i>Cape Coral FL</i>
			<i>33990</i>

10. E-mail Address: *Bruce depino@comcast.net*

(To be used for future annual report notification)

11. 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. I further certify 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:

Bruce DePino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/2010

Daytime Phone #

REINSTATEMENT

07-10