

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV -5 PM 12:48

DOCUMENT # P06000055760

1. Corporation Name Absolute storm prevention, Inc.

900137668879  
11/05/08--01024--021 \*\*300.00

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

4530 NW 197 street

Suite, Apt. #, etc.

3. Mailing Office Address

4530 NW 197 st

Suite, Apt. #, etc.

City & State

Miami Gardens FL

City & State

Miami Gardens FL

Zip

33055

Country

US

Zip

33055

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04-06

5. FEI Number

33-1137748

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

Bjorn Jacobsen

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

4530 NW 197 st

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33055

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-28-08

**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
<u>Pres.</u>	<u>Bjorn Jacobsen</u>	<u>11054 SW 16th Ave</u>	<u>Davie FL 33324</u>
<u>Sec.</u>	<u>Dorinda Preste</u>	<u>4530 NW 197 st</u>	<u>Miami Gardens FL 33055</u>

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:

[Signature] Bjorn Jacobsen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-08

Date

(754) 581-2790  
Daytime Phone #