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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000005774

1. Corporation Name
US Shade and Shutter Corporation

REINSTATEMENT 11-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
224 Datura Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 914	
City & State	City & State
West Palm Beach, FL	
Zip / Country	Zip / Country
33401 / Palm Beach	

4. Date Incorporated or Qualified To Do Business In Florida 1/20/10

5. FEI Number 27-1789633 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael Hollander

Street Address (P.O. Box Number is Not Acceptable): 224 Datura Street

Suite, Apt. #, Etc.: Suite 914

City: West Palm Beach | State: FL | Zip Code: 33401

JUN 6 2012

S. TONER

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 _____ Date 6/1, 2012

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Michael Hollander	224 Datura Street, Suite 914	West Palm Beach, FL 33401
Pres.	Michael Hollander	224 Datura Street, Suite 914	West Palm Beach, FL 33401
Sec.	Michael Hollander	224 Datura Street, Suite 914	West Palm Beach, FL 33401
Treas.	Michael Hollander	224 Datura Street, Suite 914	West Palm Beach, FL 33401

10. E-mail Address: mhmessages@aol.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Michael Hollander, President 6/1, 2012 631-585-5918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLCR8 - 01/10/2011 CT Xpress Online

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Division of Corporations
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CORPORATION REINSTATEMENT
US SHADE AND SHUTTER CORPORATION

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