

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

06 MAR 22 AM 9:55

DOCUMENT # P 92000015451

1. Corporation Name

Weather Guard Industries Inc

2. Principal Office Address

1120 Normandy Dr

3. Mailing Office Address

11460 NE 10 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Biscayne Park FL

Zip

33141

Country

Miami Dade

Zip

33161

Country

Miami Dade

W06000012569 CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-92

5. FEI Number

65-0382234

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

Carlos Collazo

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

11460 NE 10 Av.

Suite, Apt. #, Etc.

City

Biscayne Park

State

FL

Zip Code

33161

REINSTATEMENT 96-06

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

Carlos Collazo

Date 3-6-06

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
P	Carlos Collazo	11460 NE 10 Av.	Biscayne Park FL 33161
S/T	Carlos Collazo	11460 NE 10 Av.	Biscayne Park FL 33161

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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:

Carlos Collazo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06

Date

7862539865

Daytime Phone #