PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400307441024
01/05/18--01006--001 **1958.75

CR2E031 (11/10)

DOCUMENT # P92000015451

1. Corporation Name
Weather Guard Industries Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11460 NE 10 Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Biscayne Park FL	
Zip: 33161 Country: Miami Dade	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/31/1992

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 Avenue

Suite, Apt. #, Etc.:

City: Biscayne Park | State: FL | Zip Code: 33161

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 (REGISTERED AGENT MUST SIGN) Date: January 5/2018

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 Avenue	Biscayne Park FL 33161
S/T	Carlos Collazo	11460 NE 10 Avenue	Biscayne Park FL 33161

January 2018

10. E-mail Address: carloscollazomenzano@gmail.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 that 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: Carlos Collazo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: January 5/2018 Daytime Phone #

January 5, 2018

To: Florida Department of State
Division of Corporations

Re: P92000015451

I have filed the articles of dissolution of Weather Guard Industries Inc, document # F04000004377 in order to file for the reinstatement of Weather Guard Industries Inc, document # P92000015451 I am not going to revoke the dissolution filed.

Signed: Carlos Collazo

Printed name: Carlos Collazo

Date: January 5, 2018