

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 93000069759

1. Corporation Name

F.S CANOPYS SUPPLIES, CORP.

2. Principal Office Address

8827 NW 117 TH ST

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HIALEAH GARDEN FL

City & State

Zip

33018

Country

Zip

Country

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1993

5. FEI Number -

-65-0442070

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

MANUEL FERNANDEZ JR.

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

8827 NW 117 TH ST

Suite, Apt. #, Etc.

City

HIALEAH GARDEN

MRS

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

REGISTERED AGENT MUST SIGN

Date **10/23/03**

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
D/sec	FERNANDEZ, MANUEL JR	1750 SW 139 CT	MIAMI FL 33175
T	FERNANDEZ, JAVIER	7092 W 3 LANE	HIALEAH FL 33018

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

10/23/03

Date

305-826-3400

Daytime Phone #

CR2E081 (10/02)