

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -8 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015690**

1. Corporation Name

SIMPLY ELEGANT SHUTTERS, INC.

Principal Place of Business

Mailing Address

617 CLEARWATER-LARGO RD.
LARGO FL 34640
US

1423 S. FT HARRISON AVE.
CLEARWATER FL 34616
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~617 Clearwater Largo Rd~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

617 Clearwater-Largo Rd.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

02/28/1994

5. FEI Number

65-0487486

Applied For

Not Applicable

City & State

City & State

Largo FL

Zip

Country

Zip

Country

33770

USA

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	DIETER, STEPHEN M	152 1ST AVE N	TERRA VERDI FL
S	DIETER, TERI C	152 1ST AVE N	TERRA VERDI FL

200002003192--6
-11/13/96--01136--009
***\$200.00 ***\$200.00

REINSTATEMENT 1996

A. Alan

8. Name and Address of Current Registered Agent

DIETER, STEPHEN M
152 1ST AVE N
TERRA VERDI FL 33715

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002003192--6
-11/13/96--01136--010
***\$183.75 ***\$183.75
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Stephan Dieter
REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/5/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Stephan Dieter
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/96
Date

(813) 581-5651
Daytime Phone

CR2340 (7/96)