

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -4 PM 12:42

DOCUMENT # P95000015706

1. Corporation Name

Shutter-Up: Hurricane Protection Inc
~~2497000018003~~

Principal Place of Business

Mailing Address

6244 Highlands Ct
North Lauderdale FL 33068
Same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650568891

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
Pres	Denis L. Winslow	6244 Highlands Ct.	N. Lauderdale FL 33068
Vice Pres	Donna L. Nielsen	6244 Highlands Ct.	N. Lauderdale FL 33068

500003049135--6
-11/19/99--01004--018
*****665.00 *****665.00

11/19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Denis L. Winslow
6244 Highlands Ct
N. Lauderdale FL 33068

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-1-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-99 454 975-4300

Daytime Phone #

CR2E081 (12/98)



8244 HIGHLAND COURT
NORTH LAUDERDALE FL. 33068
Phone 954-975-4300
Fax 954-972-5095

November 01, 1999

Att: Florida Department of State
Division of Corporations
P.O. Box. 6327
Tallahassee Fl. 32314

To whom it may concern,

During the year of 1996 we did not receive a reinstatement application for the corporation. Enclosed is a check for \$665.00 and the application. I hope this will allow Shutter-Up Hurricane protection to reinstate our corporate status. If there are any other requirements please call. Please send us certificate as soon as possible.

Thank you for assistance in this matter.

Dennis L. Winslow