

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041163

1. Corporation Name

OCEAN SURF SHUTTERS & WINDOWS, INC.

Principal Place of Business

Mailing Address

~~1065 SILVER BEACH ROAD, BAY 56  
LAKE PARK FL 33403~~

~~1065 SILVER BEACH ROAD, BAY 56  
LAKE PARK FL 33403~~



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

2. New Principal Office Address, If Applicable

109 Reed Rd

3. New Mailing Office Address, If Applicable

109 Reed Rd

Subst. Apt. #, etc.  
LAKE PARK Florida  
City & State

Suite, Apt. #, etc.  
LAKE PARK FL.  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/1995

5. FEI Number

65-0585237

Applied For

Not Applicable

6. 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	4 City / State / Zip
PSTD	FINKLEA, DAVID N	<del>1065 SILVER BEACH ROAD, BAY 56</del> 109 Reed Rd	LAKE PARK FL 33403
			700009434917 12/10/02--01049--003 **158.75

8. Name and Address of Current Registered Agent

FINKLEA, DAVID  
1065 SILVER BEACH RD BAY 56  
LAKE PARK FL 33403

9. Name and Address of New Registered Agent

Name DAVID FINKLEA  
Street Address (P.O. Box Number is Not Acceptable) 109 Reed Rd.  
Suite, Apt. #, Etc.  
City LAKE PARK State FL Zip Code 33403

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. or 617.0505, F.S.

Signature of Registered Agent

*David Finklea*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/01/02

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., 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:

*David Finklea*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/02

Date

50-842-6285

Daytime Phone #

CR2E040 (8/02)

Document # p95000041163  
ocean surf shutters & windows ,inc.  
109 reed rd lake park, fl 33403  
FEI # 65-0585237  
incorporated 05/25/1995

I had not received my UBR NOTICE until now because it was at the wrong address. Here is the proper address of the business and reinstatement form and check . If there is any problem you can contact me at phone # 561-842-6285. Also i have added the fee for the certificate of status.

Thank you ,  
David Finklea

A handwritten signature in cursive script, appearing to read "David Finklea", written over the typed name "David Finklea".