

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

~~LAKE PARK FL 33403~~
LAKE PARK Florida

~~LAKE PARK FL 33403~~
LAKE PARK FL.

City & State

City & State

Zip 33403

Country U.S.A.

Zip 33403

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	FINKLEA, DAVID N	1065 SILVER BEACH ROAD, BAY 56 109 Reed Rd	LAKE PARK FL 33403

700009434917
12/10/02--01049--003 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

CR2E040 (8/02)

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/01/02 56-842-6285

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 printed name.