PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -2 PH 3: 41

DOCUMENT # P950000076149

1. Corporation Name

H & B SHUTTERS' CORP
WDI0000007768

2. Principal Office Address
8163 NW 74 AVE

Suite, Apt. #, etc.

City & State
Medley, FL.

Zip 33166   Country U.S.A.

3. Mailing Office Address
8163 74 AVE

Suite, Apt. #, etc.

City & State
Medley FL

Zip 33166   Country U-S.A.

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida   10/3/95

5. FEI Number   65061X522   ☐ 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   HECTOR A ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
8163 NW 74 AVE

Suite, Apt. #, Etc.

City   MEDLEY   State FL   Zip Code 33166

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***1050.00   ***1050.00

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 3/22/01

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
1	Hector A Alvarez	8163 NW 74 AVE Medley. FL 33166	

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: Hector Alvarez   3/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/99)