

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 OCT 14 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000082537**

1. Corporation Name

**STORM GUARD, INC.**

2. Principal Office Address

**4 IBIS LANE**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. BOX 414238**

Suite, Apt. #, etc.

City & State

**MARATHON, FLA**

City & State

**KEY WEST, FLA**

Zip

**33050**

Country

**USA**

Zip

**33041**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/24/1995**

5. FEI Number

**65-0797115**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

**CHARO BOLANOS RUIZ, ESA**

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

**11400 OVERSEAS HIGHWAY**

Suite, Apt. #, Etc.

**105**

City

**MARATHON**

State  
**FL**

Zip Code

**33050**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**10-09-02**

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

**P**

**RANDOLPH G. JORDAN**

**4 IBIS LANE**

**MARATHON, FLA 33050**

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:

*[Signature]* **Randolph G. Jordan**

Date

**305-481-6153**

Daytime Phone #

## OFFICER / DIRECTOR RESIGNATION

I, BARRY COOK, hereby resign as President & Secretary  
(Title)

of Stormguard, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Byland Barry Cook  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**