

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 18 AM 11:22

DOCUMENT # PA6000007426

1. Corporation Name

Florida Hurricane Protection

2. Principal Office Address

133 N.E. 3 Road

Suite, Apt. #, etc.
- -

City & State

Homestead FL

Zip

33030

Country

U.S.

3. Mailing Office Address

133 N.E. 3 Road

Suite, Apt. #, etc.
- -

City & State

Homestead FL

Zip

33030

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650650069

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

1/31/03 01075-004 \$150.

300021648013

07/18/03--01077--002 **8.75

300021648013

07/18/03--01077--001 **150.00 MRD

7. Name and Address of Current Registered Agent

Name

Robert Cournoyer

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

13202 S.W. 204 St.

Suite, Apt. #, Etc.
- -

City

Miami

State

FL

Zip Code

33177

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]

Date 7-15-03

REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>Robert Cournoyer</u>	<u>13202 S.W. 204 St.</u>	<u>Miami FL 33177</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03

Date

305-345-9046

Daytime Phone #

CR2E081 (10/02)

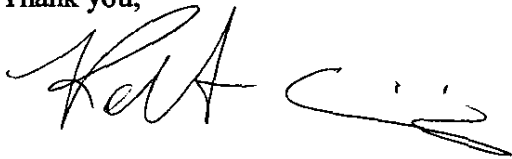
To: Florida Department of State Divisions of Corporation
Address: P.O BOX 6327 Tallahassee, Florida

From: Florida Hurricane Protection, Inc,
F.I.N # 650650069

To whom it mat concern,

I sent a check for the amount \$150.00 to reinstate my corp. for the year for 2002 the check was cashed in January 2003. We did nit receive a renewal form for the year of 2003. Please wave any fees and or penalties that may have been added. I am inclosing a check for the amount of \$150.00 for the year of 2003. Please send me a renewal form for 2004 so I do not have to do this again next year.

Thank you,

A handwritten signature in black ink, appearing to read 'Robert Cournoyer', with a stylized flourish at the end.

Robert Cournoyer, Corp Officer