APPLICATION FOR (\(\frac{\cappa \cappa \cap



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

ORPORATIONS]	ì	L	Ξ.

-99 DEC 27 PM 12: 32

SECRETARY OF STATE
TALL MASSEE, FLORIDA-

03/20/1996

DOCUMENT#	P96000024702
Corporation Name	

HURRICANE STEEL DOOR CO. INC.

Country

* :

Principal Place of Business

Mailing Address

7700 NW 7 AVE

Zip

7700 NW 7 AVE

New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

Zin

REINS A LEWENT 4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

65-0651527

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED I

7. Names	and Street Addresses of Each Officer and/or Director	or (Florida nonprofit corporations must list at least 3 direct	ctors)
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RAGOO, JOHN C	19531 NW 8 AVE	MIAMI FL 33169
STD	RAGOO, SHERYL V	19531 NW 8 AVE	MIAMI FL 33169
			,

Country

500003087485--8 -01/04/00--01063--003 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAGOO, JOHN C 7700 NW 7 AVE MIAMI FL 33150 JOHN C. RAGOO
Street Address (P.O. Box Number is Not Acceptable)

7700 N.W. 7TH AVE.

Suite, Apt. #, Etc.

^{ty} MIAMI FL.

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.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date 12-22-99

11. Lecrtify 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:

JOHN C. NRAGOOURS

OF SIGNING OFFICER OR DIRECTOR

12/22/99 305-696-4248

Daytii