

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN -7 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091640

1. Corporation Name

IMPACT SHUTTERS, INC.

Principal Place of Business

Mailing Address

1635 S.W. 101 AVE  
MIAMI FL 33165

1635 S.W. 101 AVE  
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0705482

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GARCIA, MARCO	1635 S.W. 101 AVE	MIAMI FL 33165
<del>STD</del>	<del>DELGADO, ORLANDO</del> DELETE	<del>1827 S.W. 102 PL</del>	<del>MIAMI FL 33165</del>
<del>VP</del>	<del>MERINO, JOSE R.</del> DELETE	<del>3140 W. 72 TERR</del>	<del>HALEAH FL</del>

REINSTATEMENT

7000002740737-1

-01/13/99-01103-030

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, MARCO  
1635 S.W. 101 AVE  
MIAMI FL 33165

Name

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

Suite, Apt. #, Etc.

City

7000002740737-1

-01/13/99-01103-031

\*\*\*750.00 \*\*\*750.00

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

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 01/04/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO GARCIA, PRESIDENT

Date

Daytime Phone #

12/18/98 (305) 228-1479