


APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #P97000094565

1. Corporation Name
Complete Hurricane Protection, INC

Principal Place of Business
1146 Elizabeth Ave. Suite #6
West Palm Beach, FL 33401

Mailing Address

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

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

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

Country

4. Date Incorporated or Qualified To Do Business in Florida
11/3/97

5. FEI Number
65-0792183

Applied For
Not Applicable

6. 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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|---------------------------|
| P.Y.P.D. | SCOTT W. MARTINEZ | 537 S. SEQUOIA DR #210 | WEST PALM BEACH, FL 33409 |
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8. Name and Address of Current Registered Agent
SCOTT W. MARTINEZ
537 S. SEQUOIA DR #210
WEST PALM BEACH, FL 33409

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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
Date

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/99
Date

561-802-9793
Daytime Phone #