

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -8 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094565

1. Corporation Name

Complete Hurricane Protection, Inc.

2. Principal Office Address

1696 Old Okeechobee Rd.

Suite, Apt. #, etc.

2-F

City & State

West Palm Beach, FL

Zip

33409-5218

Country

United States

3. Mailing Office Address

1696 Old Okeechobee Rd.

Suite, Apt. #, etc.

2-F

City & State

West Palm Beach, FL

Zip

33409-5218

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/1997

5. FEI Number

65-0792183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Scott W. Martinez

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

1696 Old Okeechobee Rd.

Suite, Apt. #, Etc.

2-F

City

West Palm Beach, FL

State

FL

Zip Code

33409-5218

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

Scott W. Martinez
REGISTERED AGENT MUST SIGN

Date 7/2/2003

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
PVDS	Scott W. Martinez	1696 Old Okeechobee Rd. 2-F	West Palm Beach, FL 33409-5218

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:

Scott W. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott W Martinez

7/2/2003

561-687-9905

Date

Daytime Phone #

CR2E081 (10/02)