

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR -7 PM 4:00

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P97000095627

**1. Corporation Name**

SHUTTERS PLUS, INC

**2. Principal Office Address**

8539 SW 56 ST

Suite, Apt. #, etc.

**City & State**

MIAMI FL

**Zip**

33166

**Country**

USA

**3. Mailing Office Address**

8539 SW 56 ST

Suite, Apt. #, etc.

**City & State**

MIAMI FL

**Zip**

33166

**Country**

USA.

REINSTATEMENT

01-02

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

11/07/97

**5. - FEI Number**

650797189

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

JOSEPH R. SANCHEZ

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

8539 NW 56 ST

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**

FL

**Zip Code**

33166

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\*\*\*\*\*900.00 \*\*\*\*\*00.00

**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

REGISTERED AGENT, MUST SIGN

Date 3/4/02

**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
DP	JOSEPH R. SANCHEZ	9311 SW 70 ST MIAMI, FL 3	MIAMI, FL 33173
ST	SHEENA M. ROSS-SANCHEZ	9311 SW 70 ST	MIAMI, FL 33173

AD

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH R. SANCHEZ

3/4/02

Date

305

544-6699

Daytime Phone #

CR2E081 (9/01)