

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 JUL 18 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P97000/05865  
1. Corporation Name  
SOLAR SECURITY FILMS, INC.

2. Principal Office Address  
1801 E. FOWLER AVE  
Suite, Apt. #, etc.  
Suite C  
City & State  
TAMPA, FL  
Zip  
33612 Country  
U.S.A.

3. Mailing Office Address  
1801 E. FOWLER AVE  
Suite, Apt. #, etc.  
Suite C  
City & State  
TAMPA, FL  
Zip  
33612 Country  
U.S.A.

**REINSTATEMENT** 2001-2002

4. Date Incorporated or Qualified  
To Do Business in Florida 12/05/97

5. FEI Number  
593398689 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  
Carolyn Miller, C.P.A. 000005660810

Street Address (P.O. Box Number is Not Acceptable)  
6003 West Glory Hill Street -07/25/02-01049-010

Suite, Apt. #, Etc.  
\*\*\*\*900.00 \*\*\*\*100.00

City  
Beverly Hills State  
FL Zip Code  
34465

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 (X) C. Miller, CPA Date 7/17/02

REGISTERED AGENT MUST SIGN

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
PRES.	Joanne Centeno	5813 Bayshore Blvd	Tampa FL 33612
V. PRES.	John Centeno	5813 Bayshore Blvd	Tampa FL 33612

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: John J Centeno Date 7/15/02 Daytime Phone # 8139713636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)