

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -9 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Pa8000020661

1. Corporation Name

DESIGNER DECKS & SHUTTERS INC

2. Principal Office Address

3561 NE 13 Ave

3. Mailing Office Address

3561 NE 13 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

33334

Country

Broward

Zip

33334

Country

Broward

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

1991

5. FEI Number

105-0822864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

John Fitch

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

3561 NE 13 Ave

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State
FL

Zip Code

33334

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**

John Fitch

REGISTERED AGENT MUST SIGN

Date

1-8-03

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

John Fitch

3561 NE 13 Ave

FT. LAUDERDALE FLA. 33334

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

Date

1-8-03

Daytime Phone #

754-234-0064