

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 24 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089742

1. Corporation Name

HORIZON SHUTTERWORKS, INC.

2. Principal Office Address

13180 N. CLEVELAND AVE

3. Mailing Office Address

628 SE 23RD STR.

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

C

City & State

FORT MYERS, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33903

Country

USA

Zip

33990

Country

USA

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

5. FEI Number

650874938

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

BARKER, R. SCOTT

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

12734 KENWOOD LANE

Suite, Apt. #, Etc.

#5

City

FORT MYERS, FLORIDA

State

FL

Zip Code

33907

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

[Handwritten Signature]

Date 8/22/01

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
P	JESSE W. ZIEGLER	628 SE 23RD STREET	CAPE CORAL, FL. 33990
CB	JOE SCHOONOVER	1035 SE 26TH TERRACE	CAPE CORAL, FL. 33904
ST	ANGELA ZIEGLER	628 SE 23RD STREET	CAPE CORAL, FL. 33990

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08/20/01-01035-017

***900.00 ***900.00

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

[Handwritten Signature]

JESSE W. ZIEGLER

8/22/01

941-458-4594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #