

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -9 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **099000068338**

1. Corporation Name

Fast Shutter Inc.

2. Principal Office Address

8300 W. Flagler St

Suite, Apt. #, etc.

Suite 118

City & State

Miami

Zip

33144

Country

Dade

3. Mailing Office Address

Schme

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-2-99

5. FEI Number

05-0938283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

01-05 Rui

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Jorge C Lopez

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

159 NW 85 St.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33126

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-21-05

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	Jorge C. Lopez	159 NW 85 St.	Miami FL 33126
VP	Alexis M. Lopez	11230 SW 138 St.	Miami FL 33176

600061757436

11-23-05 01859 022 **750.00

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge C. Lopez

Date

Daytime Phone #

Pres. 11/21/05 7762853

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December 5, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref.Number:P99000068338

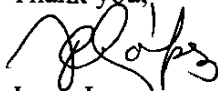
Dear Michelle,

Per our telephone conversation I have enclosed Dissolution for:
Fast Shutters Inc #P05000031992 which was opened not knowing the above Document
Number #P99000068338 could be reinstated.

We have no intentions of ever using Fast Shutters Inc. Our company will remain with
Fast Shutter Inc. and we give up the name of Fast Shutters Inc.

If you would have any questions, please do not hesitate to contact us.

Thank you,



Jorge Lopez
President
Fast Shutter Inc.

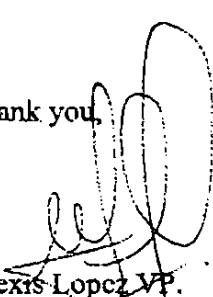
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Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Fast Shutter Inc.
Ref. Number: P99000068338

Please waive reinstate fee since we never received 2001 Annual Report nor did not know process.

Thank you,



Alexis Lopez VP.
Fast Shutter Inc.