

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 12 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078756

1. Corporation Name

ED'S AWNING SERVICE, INC

2. Principal Office Address

1437 BANKS RD

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

8/30/99

5. FEI Number

65-0949357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

ALAN FISHMAN

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

2301 W. SAMPLE RD

Suite, Apt. #, Etc.

4-1A

City

POMPADOUR BEACH

State

FL

Zip Code

33073

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

Alan Fishman

Date

1/8/04

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 D	EDWARD SMITH, JR.	1437 BANKS RD.	MARGATE, FL 33063

400027484204

01/23/04--01014--007 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/04

Daytime Phone #

954-968-6986

CR2E081 (10/02)

ED'S AWNING SERVICES, INC.
1437 Banks Road
Margate, FL 33063

January 8, 2004

Secretary of State
Division of Corporations
P.O. Box #1500
Tallahassee, FL 32302

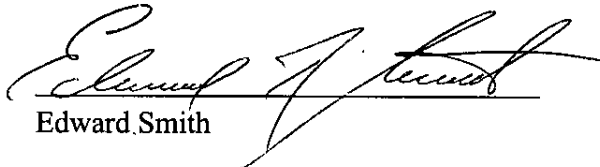
Re: Ed's Awning Service, Inc.
FEI # 65-0949357
Document # P99000078756

Dear Division of Corporations:

Please be advised that I am the president of Ed's Awning Service, Inc. I never received my Uniform Business Report Form for the year 2003.

My check in the amount of \$300.00 is enclosed for my annual fees for 2003 and 2004. Your cooperation is appreciated.

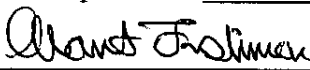
Respectfully,


Edward Smith

STATE OF FLORIDA }
 }SS:
COUNTY OF BROWARD }

SWORN TO AND SUBSCRIBED before me this 8 day of January, 2004, by EDWARD SMITH, who is personally known by me or ~~who has produced~~ _____ as ~~identification.~~ _____

My Commission expires:


NOTARY PUBLIC, STATE OF FLORIDA
Aida S. Fishman
MY COMMISSION # DD164860 EXPIRES
November 14, 2006
BONDED THROUGH FAIR INSURANCE, INC.
{Printed, Stamped or Typed Name of Notary Public}