

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 11 PM 1:05

SIGNATURE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000091980**

1. Corporation Name

Hurricane Security Shutter MFG. CORP.

800021411438
07/15/03--01021--001 **200.75

800021411438
07/09/03--01040--009 **558.75

2. Principal Office Address

240 S.W. 32 Ct.

3. Mailing Office Address

240 S.W. 32 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33315

Country

Braword

Zip

33315

Country

Braword

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1999

5. FEI Number

65-0957384

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

Mordechi Max

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

240 S.W. 32 Ct,

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

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

Date **5/15/2003**

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	Moti Max	240 S.W. 32 Ct	Fort Lauderdale FL 33315
VP	Moti Max	240 S.W. 32 Ct	Fort Lauderdale FL 33315
SEC	Motckhe Max	240 S.W. 32 Ct	Fort Lauderdale FL 33315
TR	M. Max	240 S.W. 32 Ct	Fort Lauderdale FL 33315
VP Jr.	Moshe Max	240 S.W. 32 Ct	Fort Lauderdale FL 33315
VP Jr.	Araphat Max	240 S.W. 32 Ct	Fort Lauderdale FL 33315

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

5/15/2003 954-760-4440

Date

Daytime Phone #

* Enclose Money Order # 868957016 for this

CR2E081 (10/02)