2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094588

1. Entity Name
PROFESSIONAL SHUTTER COMPANY

Principal Place of Business	Mailing Address
18617 SW 107TH AVENUE MIAMI, FL 33157	18617 SW 107TH AVENUE MIAMI, FL 33157

11262008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19301 SW 106th AVE	19301 SW 106th AVE
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.: #4
City & State: Miami FL	City & State: Miami FL
Zip: 33157 Country: USA	Zip: 33157 Country: USA

4. FEI Number: 65-0958622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARBALLO, JOSEPH A
444 BRICKELL AVENUE
SUITE 425
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Joseph A. Carballo
Street Address (P.O. Box Number is Not Acceptable): 717 Ponce De Leon Blvd. #326
City: Coral Gable FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ______ 11/26/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	VERGHO, JAMES L		NAME	James L. Vergho	
STREET ADDRESS	18617 SW 107TH AVE.		STREET ADDRESS	19301 SW 106th AVE #4	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	Miami, FLA. 33157	
TITLE		☐ Delete	TITLE	700138344777 12/01/08--01065--015 **158.75	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 11/26/08 305-278-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Nov 26 2008 12:12PM Professional Shutter Comp 305-278-1403 p.1