

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P32827

1. Corporation Name

P.R.O. BUILDING SYSTEMS, INC.

00 NOV 30 PM 1:12

Principal Place of Business

Mailing Address

3678 NORTH PEACHTREE RD.
ATLANTA GA 30341

3678 NORTH PEACHTREE RD.
ATLANTA GA 30341



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date of Incorporation or Date of
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1171465

Applied For

Not Applicable

City & State

CHAMBLEE

City & State

CHAMBLEE

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ORTON, P.R.	1871 VERMACK COURT 1871 VERMACK COURT	DUNWOODY GA 30338
S	ORTON, FRANCES D.	1871 VERMACK COURT 1871 VERMACK COURT	DUNWOODY GA 30338
V	MOCK, EDDIE MOCK, EDWARD E., JR.	4650 JONES BRIDGE GIRARD 4770 SCOTNEY COURT	NORCROSS GA 30174

5000003491185-4
-12/07/00--01080--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

 SIGNATURE REQUIRED

Date 11-21-2000

REGISTERED AGENT MUST SIGN ALLAN FARNELL

ASSISTANT SECRETARY

11. 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD E. MOCK, JR.

11/27/00

Date

170-455-1791

Daytime Phone #

CR2E040 (8/00)