

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000059778**

1. Corporation Name

THE FLORIDA WINDSHIELD REPAIR NETWORK, INC.

Principal Place of Business

~~6970 HAMMOCK TRACE DR~~
~~MELBOURNE FL 32940~~

Mailing Address

P.O. BOX 410039
MELBOURNE FL 32941



REINSTATEMENT

02

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

2. New Principal Office Address, If Applicable

398 BROOKCREST CIR.

Suite, Apt. #, etc.

ROCKLEDGE, FL

City & State

32955

Zip

Country

BOLEVAND

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2000

5. FEI Number

59-3656122

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SLOAN, PATRICK C - P.T.S	6970 HAMMOCK TRACE DR 398 BROOKCREST CIR.	MELBOURNE FL 32940 ROCKLEDGE, FL 32955
D	SLOAN, ROLLIN J III	2880 WICKHAM RD #408	MELBOURNE FL 32955

100009209331

11/25/02--01086--020 **750.00

8. Name and Address of Current Registered Agent

SLOAN, PATRICK C
6970 HAMMOCK TRACE DR
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name

SLOAN, PATRICK C.

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

398 BROOKCREST CIR.

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-20-02**

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)(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

SIGNATURE REQUIRED PATRICK C. SLOAN

Date

11-20-02

Daytime Phone #

800-797-6976

CR2E040 (8/02)