

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000060799**

1. Corporation Name

**WARD'S INSTALLATIONS, INC.**

Principal Place of Business

Mailing Address

~~13431 NORTHWEST 2ND STREET~~  
~~PLANTATION FL 33325~~

~~13431 NORTHWEST 2ND STREET~~  
~~PLANTATION FL 33325~~

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

**2965 HARBOR LANE**

**2965 HARBOR LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT. LAUD. FL**

**FT. LAUD FL**

Zip

Country

**33312**

**USA**

Zip

Country

**33312**

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/19/2001**

5. FEI Number

**65-1115783**

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
PSTD	WARD, MICHAEL H	<del>13431 NORTHWEST 2ND STREET</del> <b>2965 HARBOR LANE</b>	<del>PLANTATION FL 33325</del> <b>FT LAUD FL 33312</b>
VD	WARD, JANET A	<del>13431 NORTHWEST 2ND STREET</del> <b>2965 HARBOR LANE</b>	<del>PLANTATION FL 33325</del> <b>FT. LAUD FL 33312</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**

**343-ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name

**Spiegel & Utrera, P.A.**

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

**1840 Southwest 22-Street, 4th-Floor**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33145**

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.

**Spiegel & Utrera, P.A.**

Signature of  
Registered Agent

By:

**Natalia Utrera**

Date

**11/18/03**

**Natalia Utrera**

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

Date

Daytime Phone #

**10/28/03**

**954-357-6640**

CR2ED40 (7/03)

# Ward's Installation's, Inc.

2965 Harbor Lane, Ft. Lauderdale, FL 33312

954-257-6640

Licensed and Insured

October 23, 2003

Florida Department of State  
Division of Corporations  
Annual Report /Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327

Dear Sir or Madam,

This letter is to inform you that we have moved two times in the past year and we did not receive prior Uniform Business Reports or other mail pertaining to this.

Our current address is:

Ward's Installation's, Inc.  
2965 Harbor Lane  
Ft. Lauderdale FL 33312

Enclosed you will find a check for \$150.00.

Thank you,



Michael H. Ward  
President