

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL -3 AM 9:44

DOCUMENT # P02000043585

1. Corporation Name

Paul's Window Services, Inc

2. Principal Office Address

9266 Commonwealth Ave

3. Mailing Office Address

9266 Commonwealth Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32220

Country

USA

Zip

32220

Country

USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida 4-19-2002

5. FEI Number

010736491

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

Paul Nugent

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

9266 Commonwealth Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32220

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

Paul Nugent

REGISTERED AGENT MUST SIGN

Date 6-28-06

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
President	Paul Nugent	9266 Commonwealth Ave	Jacksonville, FL 32220

5000736491
07/17/05-01036-013 **1050.00

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 contained in Chapter 119, 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:

Paul Nugent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-06

Date

904-626-1427

Daytime Phone #

B. Mitchell JUN 6 2006