


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000001782		
1. Entity Name PRO-STYLE WINDOW TINTERS, INC.		

FILED
05 OCT 31 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 475 S. VOLUSIA AVENUE ORANGE CITY, FL 32763 US	Mailing Address 1125 CALDWELL AVENUE ORANGE CITY, FL 32763 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 475 S Volusia AV Suite, Apt. #, etc.
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City & State Orange City	City & State Orange City, FL
Zip 32763	Zip 32763
Country	Country United States



10182005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent NEFTTELBERG, WILLIAM C 1125 CALDWELL AVENUE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEFTTELBERG, WILLIAM C 1125 CALDWELL AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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900061039659
10/31/05--01015--017 **750.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  10-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #