

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -1 AM 11:14

DOCUMENT # P04000006539

1. Corporation Name

Pro Remodeling Inc.

2. Principal Office Address - No P.O. Box #
1820 Salisbury Court

Suite, Apt. #, etc.

3. Mailing Office Address
1820 Salisbury Court

Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34743

Country
Osceola

Zip
34743

Country
Osceola

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

January 8th 2004

5. FEI Number
20-0563601

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
William J Haworth III

Street Address (P.O. Box Number is Not Acceptable)
1820 Salisbury Court

Suite, Apt. #, Etc.

City
Kissimmee

State
FL

Zip Code
34743

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William J Haworth III

REGISTERED AGENT MUST SIGN

Date **09/26/07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all officers and directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	William J. Haworth III	1820 Salisbury Ct	Kissimmee, FL 34743
			300110113895
			10/01/07--01035--016 **450.00

REINSTATEMENT

05-07

B 10/4/07

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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 130, 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:

William J Haworth III

William J Haworth III

9/26/07

407-346-6618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #