

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -7 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000065617

1. Entity Name
PRO TECH SYSTEMS, INC.



Principal Place of Business
8542 KINGFISHER WAY
PENSACOLA, FL 32534 US

Mailing Address
P.O. BOX 10329
PENSACOLA, FL 32524-0329 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

20-1028455

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STURGEN, WILLIAM M JR
2253 COUNTRY PLACE CIRCLE
PENSACOLA, FL 32534-9501

Name

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

City

FL

Zip Code

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

William M Sturgen Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-02-05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P KARNES, JONATHAN M ☐ Delete
STREET ADDRESS 8542 KINGFISHER WAY
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE NAME P/D ☒ Change ☐ Addition
STREET ADDRESS 600061183626
CITY-ST-ZIP 11/07/05--01010--007 **\$150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

X Jonathan Karnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/05

Date

850-968-1194

Daytime Phone #

B. Mitchell NOV 7 2005