

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000082247

1. Entity Name
A-1 WINDOW TINTING / SUNSCREEN SECURITY, INC.



Principal Place of Business
1658 EAST MOODY BLVD.
BUNNELL, FL 32110

Mailing Address
1658 EAST MOODY BLVD.
BUNNELL, FL 32110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112006

REIN-P

CR2E098 (11/05)

4. FEI Number

20-2961317

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

KISH, NANCY J
1658 EAST MOODY BLVD.
BUNNELL, FL 32110

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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 P ☐ Delete
NAME KISH, NANCY J
STREET ADDRESS 1658 EAST MOODY BLVD.
CITY-ST-ZIP BUNNELL, FL 32110

TITLE P ☒ Change ☐ Addition
NAME Kish, Nancy J.
STREET ADDRESS 30 Llewellyn Trail
CITY-ST-ZIP Palm Coast, FL 32164

TITLE VP ☒ Delete
NAME PAREDES, LOUIS A
STREET ADDRESS 1658 EAST MOODY BLVD.
CITY-ST-ZIP BUNNELL, FL 32110

TITLE ☐ Change ☐ Addition
NAME 400090878234
STREET ADDRESS 10/18/06--01046--002 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Kenneth A. Kish
STREET ADDRESS 30 Llewellyn Trail
CITY-ST-ZIP Palm Coast, FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/06

3864370000

10/19/06

FILED

2006 OCT 16 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

