

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000080731

1. Entity Name
FABRI-TECH SCREEN ENCLOSURES, INC



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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
815 NW 13TH AVENUE
CAPE CORAL, FL 33993 US

Mailing Address
815 NW 13TH AVENUE
CAPE CORAL, FL 33993 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-P CR2E098 (1/07)

4. FEI Number
02-0811954

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

MITCHELL, DANNY P
815 NW13TH AVENUE
CAPE CORAL, FL 33993

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, 2009, 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
STREET ADDRESS
CITY-ST-ZIP
PST
MITCHELL, DANNY P
815 NW 13TH AVENUE
CAPE CORAL, FL 33993 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800137432678
10/29/08--01034--006 ***8.75
158.55 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MITCHELL, MARGIE
518 NW 13TH AVENUE
CAPE CORAL, FL 33993 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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]

President

239-772-9825

Date

Daytime Phone #

Danny P Mitchell

10/30/08