

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011010

1. Corporation Name

PROTROL PANELS, INC.

Principal Place of Business

Mailing Address

3027 REYNOLDS ROAD
~~ONE-95~~
LAKELAND FL 33803
US

P.O. BOX 490
HIGHLAND CITY FL 33846
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1992

5. FEI Number

59-3156335

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	BURKS, ANGELA LAZENBY	5027 IRONWOOD TRAIL	BARTOW FL 33830
V/C	BURKS, DANIEL O	5027 IRONWOOD TRAIL	BARTOW FL 33830
M	WEAVER, DARREN D	2035 14TH STREET NW	WINTER HAVEN FL 33881

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKS, ANGELA LAZENBY
5027 IRONWOOD TRAIL
BARTOW FL 33830

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Angela Lazenby Burks

REGISTERED AGENT MUST SIGN

Date 10/12/00

11. I certify that I am an officer, or director, or the receiver or trustee empowered to execute this application as provided for in chapter 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 under section 119.07(3)(i), 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.

KE

SIGNATURE:

Angela Lazenby Burks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA LAZENBY BURKS

10/12/00

Date

863-667-1166

Daytime Phone #