

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **98-904AR**
FB 00045942

1. Corporation Name
Pro Window Treatments, Inc.

Principal Place of Business Mailing Address
1991 S.W. 37 Ave. 1991 S.W. 37 Ave.
Fort Lauderdale FL 33312 Fort Lauderdale FL
33312

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
6-24-1993

5. FEI Number
65-0420251

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Tony D'Aguiar	1991 S.W. 37 Ave. Fort Lauderdale FL 33312	

8. Name and Address of Current Registered Agent

Tony D'Aguiar
1991 S.W. 37 Ave
Fort Lauderdale FL 33312

9. Name and Address of New Registered Agent

Name **Tony D'Aguiar**
Street Address (P.O. Box Number is Not Acceptable)
1991 S.W. 37 Ave
Suite, Apt. #, Etc
House
City
Fort Lauderdale
Zip Code
33312

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

FL 33312
4/12/99

1. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

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(5)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 **9549704699**
Date
Digital Product

March 30, 1999

Dept. of Florida State.

Dear Sirs:

I just learned that I was not incorporated for the 1998 year; it really surprised me since I had already sent a check. Reviewing my bank records I found out that the check was never cashed, however I never received any noticed of my company not being incorporated or that my check was not going to be cashed.

Thanking your prompt attention to this matter; I'm enclosing a check for the amount of \$300.00 as filing fee for 1998 and 1999.

Cordially,


Tony D'Aguiar
President
PRO WINDOW TREATMENTS INC