

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 03/10/02

CORPORATION
REINSTATEMENT



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

02 APR 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000045943

1. Corporation Name

Pro Window Treatments, Inc.

2. Principal Office Address

1629 Banks Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1629 Banks Road

Suite, Apt. #, etc.

City & State

Margate, Florida

City & State

Margate, Florida

Zip

33063

Country

Broward

Zip

33063

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03-13-01 90322011 \$150.00

5. FEI Number

65-0420251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tony D'Aguiar

300005451583-5

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

5293 CANOE BEND DRIVE

-05/06/02-01005-020

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President Tony D'Aguiar

5293 CANOE BEND DR

Lake Worth FL 33463

10. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 970-4699

CR2E081 (9/01)

pg 20F2

March 27, 2002

Dept. of Florida State.
Michelle Milligan.

Dear Michelle:

I just learned that I was not incorporated for the 2001 year; it really surprised me since I had already sent a check with the application on 3/02/01.

I'm attaching a copy of the check which it was cashed on 3/14/01 which I figured out that everything was in order, I never received any noticed of my company not being incorporated.

I'm also including a check for the amount of \$150.00 for the 2002 .

Thanking your prompt attention to this matter.

Cordially,



Tony D'Aguiar
President
Pro Window Treatments Inc.