PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 DEC 23 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081882

1. Corporation Name
PROFESSIONAL'S AWNING & INSTALLATION, INC

700002382752--4
-12/24/97--01033--027
***1245.00 ***1245.00

Principal Place of Business	Mailing Address
18617 S.W. 107 AVENUE MIAMI, FLORIDA 33157	18617 S.W. 107 Avenue MIAMI, FLORIDA 33157

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: 11/30/1993

5. FEI Number: 65-0451734 ☐ 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)

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
P	JAMES L. VERGHO	18617 S.W. 107 Avenue MIAMI, FLORIDA 33157	MIAMI / FLORIDA / 33157
V	RAUL PUIG	18617 S.W. 107 Avenue MIAMI, FLORIDA 33157	MIAMI / FLORIDA / 33157
T/S	LINDA VERGHO	18617 S.W. 107 Avenue	MIAMI / FLORIDA / 33157
		REINSTATEMENT 94-97	
			12-23-97

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent

Name: LUIS M. PADRON & ASSOCIATES, P.A.
Street Address (P.O. Box Number is Not Acceptable): 28 WEST FLAGLER STREET
Suite, Apt. #, Etc.: 600
City: MIAMI | State: FL | Zip Code: 33130

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent: Luis M. Padron — REGISTERED AGENT MUST SIGN — Date: 12/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: JAMES LEE VERGHO, PRES. 12-18-97