

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 17 PM 4:59

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064072**

1. Corporation Name

**PROFESSIONAL FRAMERS INC.
#P95000064072**

REINSTATEMENT 96-02

500009528745
12/16/02--01085--011 **1650.00

2. Principal Office Address

2505 SE 25TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2505 SE 25TH AVE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

CAPE CORAL, FL.

Zip

33904

Country

USA

Zip

33904

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-17-1995

5. FEI Number

65-0607855

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

LARRY STRINGER

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

2505 SE 25TH AVE

Suite, Apt. #, Etc.

City

CAPE CORAL

State
FL

Zip Code

33904

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-9-02**

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
PRES	LARRY STRINGER	2505 SE 25TH AVE	CAPE CORAL, FL 33904

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-02

Date

239-458-1326

Daytime Phone #

CR2E081 (9/01)