

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 15 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P95000064072

1. Corporation Name

PROFESSIONAL FRAMES, INC.  
1639 CAPE CORAL, FL 33904.

REINSTATEMENT 03

2. Principal Office Address

1639 CAPE CORAL PKWY

3. Mailing Office Address

1639 CAPE CORAL PKWY

Suite, Apt. #, etc.

Suite # 211

Suite, Apt. #, etc.

Suite # 211

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

000025461090

12/12/03--01049--009 \*\*758.75

4. Date Incorporated or Qualified  
To Do Business in Florida

1996

5. FEI Number

65-060-7855

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)

2506 SE 25TH AVE

Suite, Apt. #, Etc.

City

CAPE CORAL, FL.

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 12-2-03

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
V.P.	LARISSA STRINGER	2505 SE 25TH AVE	CAPE CORAL, FL 33904
V.P.	Alvan Brietwieser	892 DEAN WAY	FOOT MUDERS, FL 33919
SEC.	Vic COWLISTON	5310 MALIBU COURT	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

12-02-03

Date

239-540-3350

Daytime Phone #

CR2001 (10/02)