

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000076873**

1. Corporation Name

PROTECH ENTERPRISES, INC.

Principal Place of Business

18770 SOUTH OSPRY WAY
JUPITER FL 33458

Mailing Address

18770 SOUTH OSPRY WAY
JUPITER FL 33458

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13205 US HWY 1

Suite, Apt. #, etc.

SUITE 117

City & State

JUNO BEACH, FLORIDA

Zip

33408

Country

USA

3. New Mailing Office Address, If Applicable

13205 US HWY 1

Suite, Apt. #, etc.

SUITE 117

City & State

JUNO BEACH, FLORIDA

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1995

5. FEI Number

65-0613735

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	COLE, GARY D	18770 SOUTH OSPRY WAY	JUPITER FL 33458
T	COLE, NANCY C	18770 SOUTH OSPRY WAY	JUPITER FL 33458

8. Name and Address of Current Registered Agent

COLE, GARY D
18770 SOUTH OSPRY WAY
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Nancy C. Cole

REGISTERED AGENT MUST SIGN

Date

10/18/99

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris C. Cole

Date

10/18/99

Daytime Phone #

561 622-2800

REINSTATEMENT

99@



FILED

99 NOV -8 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA