PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV 17 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000079421**

1. Corporation Name

PRO-TECT HURRICANE SYSTEMS INC.

Principal Place of Business	Mailing Address
10411 NW 19TH PLACE PEMBROKE PINES FL 33026	10411 NW 19TH PLACE PEMBROKE PINES FL 33026

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
4691 S.W. 45th S.T	4691 S.W 45th S.T
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33314 Country: U.S	Zip: 33314 Country: U.S

4. Date Incorporated or Qualified To Do Business In Florida: 09/25/1996

5. FEI Number: 65-0767191 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	PERRY, JOYCE I	10411 NW 19TH PLACE	PEMBROKE PINES FL 33026
VICE PRESIDENT	PERRY, RICHARD R	16292 NW 17th S.T	Pembroke Pines FL 33028

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-11/18/97--01081--026
****165.00 ****165.00

8. Name and Address of Current Registered Agent

PERRY, JOYCE I
10411 NW 19TH PLACE
PEMBROKE PINES FL 33026

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

CR2E040 (8/97)

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: Joyce Perry — REGISTERED AGENT MUST SIGN — Date: 10/29/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Richard Perry RICHARD PERRY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 10/29/97 Date — (954) 797-7937 Daytime Phone #

PRO-TECT HURRICANE SYSTEMS

Florida Department of State

reinstate corporation

10/29/97

0210

165.00

(2)

PLEASE NOTE THE REASON FOR MY LATE PAYMENT WAS DUE TO THE FACT THAT I NEVER RECEIVED A FIRST NOTICE. I THOUGHT THAT SINCE PRO-TECT WAS INCORPORATED IN SEPT THAT I ALREADY PAYED FOR THIS YEAR. AGAIN I APOLOGIZE FOR THE MISUNDERSTANDING.

Richard Perry

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