

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 181

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 NOV 25 PM 2: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094569

1. Corporation Name

A-1 WINDOW TINTING, INC.

Principal Place of Business

Mailing Address

2135 NORTH MONROE ST.  
TALLAHASSEE FL 32303

2135 NORTH MONROE ST.  
TALLAHASSEE FL 32303

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

SAME

City & State

SAME

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1996

5. FEI Number

59-3412630

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	DEAN, FORREST A	2135 NORTH MONROE ST.	TALLAHASSEE FL 32303
VP	DEAN, BARBARA J	2135 NORTH MONROE ST.	TALLAHASSEE FL
P	Merlau, Garrett D	2135 N Monroe St	Tallahassee FL 32303
VP	Merlau, Tara S	2135 N Monroe St	Tallahassee FL 32303
			900002703749--9 -12/04/98--01104--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERLAU, GARRETT  
2135 NORTH MONROE ST.  
TALLAHASSEE FL 32303

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-22-98

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-98

Date

553-9144

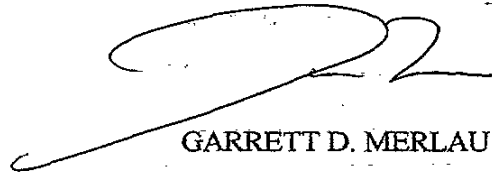
Daytime Phone #

CR2040 (9/98)

pg 2

TO WHOM IT MAY CONCERN

THE REASON BEHIND NOT GETTING THIS IN ON TIME IS, IT MUST HAVE BEEN GIVEN TO THE OLD OWNERS THINKING IT WAS THEIRS, OR MISPLACED AFTER IT WAS RECIEVED. BEING THE NEW OWNER I UNDERSTAND THAT IT IS NOW MY RESPONSIBILITY TO TAKE CARE OF THIS MATTER. I WOULD APPRECIATE ANY HELP POSSIBLE WITH THE LATE FEES. THANK YOU FOR ANY HELP YOU CAN PROVIDE.



A stylized handwritten signature in black ink, consisting of a large loop followed by a horizontal line and a long, sweeping underline.

GARRETT D. MERLAU