

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100899

1. Corporation Name

WIND, THEFT AND SUN PROTECTIVE FILM COMPANY

Principal Place of Business

333 17TH STREET
STE T
VERO BEACH FL 32960

Mailing Address

~~333 17TH STREET~~ 1031 18th St.
~~STE T~~ Suite B
~~VERO BEACH FL 32960~~ V.B. FL 32960



700008958997
11/13/02--01024--019 **150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

59-3415588

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 3	City / State / Zip 4
PTD	NITCH, ROBERT R	333 17TH STREET STE T	VERO BEACH FL 32960
SVD	NITCH, PATRICIA A	333 17TH STREET STE T	VERO BEACH FL 32960

8. Name and Address of Current Registered Agent

CASALINO, GREGG M ESQ.
3111 CARDINAL DRIVE
VERO BEACH FL 32963

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/28/02

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT R. NITCH 10/28/02

Date Daytime Phone #

CR2040 (8/02)



WIND, THEFT AND SUN

Protective Film Co.

Authorized Dealer
3M Scotchshield™
Safety & Security
Window Film

November 8, 2002

Florida Dept. Of State Division of Corporate

Enclosed is the \$150.00 filing fee for reinstatement and the signed application.
Please return our corporation to active status. We have not received any prior notices
regarding our filing fee.

Thank you for your consideration.

Robert Nitch
President
Wind, Theft & Sun

Address Change

New address

**Wind, Theft & Sun Protective Film Co., Inc.
1031 18th Street
Suite B
Vero Beach, FL 32962**