

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000029152

1 Corporation Name
Professional Window & Glass Inc.

Principal Place of Business
2808 N. East Ave.
Panama City, Fl. 32405

Mailing Address
2808 N. East Ave.
Panama City, Fl. 32405

W99-24116

FILED

99 NOV -9 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99 SP

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		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/02/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3443023	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	Ramer, Phil	2808 N. East Ave.	Panama City, Fl. 32405

000003053390-5
-11/23/99-01069-016
****908.75 ****908.75

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

Name	James Phillip Ramer
Street Address (P.O. Box Number is Not Acceptable)	2715 KAMEHARU Rd.
Suite, Apt. #, Etc.	
City	P.C.
State	FL
Zip Code	32405

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]* President
REGISTERED AGENT MUST SIGN

Date 08/13/1999

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

08/23/99

850+872-8702

Date

Daytime Phone #

CR2E081 (12/96)