

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 18 PM 1:17

STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # P97000029152

1. Corporation Name

PROFESSIONAL WINDOW & GLASS, INC.
2808 N. EAST AVENUE
Panama City, FL 32405

2. Principal Office Address - No P.O. Box #

2808 N EAST AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

Bay

Zip

32405

Country

Bay

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593443023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES P. RAMER

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

2715 GAMEFARM ROAD

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

JAMES P. RAMER

REGISTERED AGENT MUST SIGN

Date 01/07/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JAMES P. RAMER	2715 GAMEFARM RD	PC FL 32405
SEC TREAS	EVELYN R. RAMER	2715 GAMEFARM RD	PC FL 32405
	RH		

REINSTATEMENT

1-08

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01/18/08--01043--004 **1808.75

10. 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 contained in Chapter 119, 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:

EVELYN R. RAMER Evelyn R. Ramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/08

Date

850-769-4330

Daytime Phone #