

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 JAN -7 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036058

1. Corporation Name

PRO'S EDGE WHOLESALE, INC.

Principal Place of Business

Mailing Address

1850 BOYSCOUT DR # 209

Same

FORT MYERS, FL 33907

REINSTATEMENT

98-99

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

2. New Principal Office Address, If Applicable  
1860 BOYSCOUT DRIVE

3. New Mailing Office Address, If Applicable  
← SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/97

Suite, Apt. #, etc.

# 209

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

33907

Country

US

Zip

Country

5. FEI Number

05-0759198

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
D	PERSONETT, R J	1860 BOYSCOUT DRIVE #209	FORT MYERS, FL 33907

000002742490--2  
-01/14/99--01091--026  
\*\*\*\*\*908.75 \*\*\*\*\*908.75

8. Name and Address of Current Registered Agent

PERSONETT, R J  
1860 BOYSCOUT DRIVE #209  
FORT MYERS, FL 33907

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.

Signature of  
Registered Agent

R.J. Personett

REGISTERED AGENT MUST SIGN

Date Jan 4, 1999

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:

R.J. Personett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R J "HAP" PERSONETT

Jan 4, 1999

Date

(941)  
936-0377

Daytime Phone #

CR2E040 (1/98)