

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 FEB 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000052691**

1. Corporation Name

**SHEETS PROFESSIONAL GLASS
AND MIRROR, INC.**

2. Principal Office Address

101 S.W. 15 ST.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-13-97

5. FEI Number

65-0756735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for Certificate of Status**

7. Name and Address of Current Registered Agent

Name

GUY R. SHEETS

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

1617 N.E. 9 STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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

Guy R. Sheets

REGISTERED AGENT MUST SIGN

Date **2-11-00**

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. V.P. TREAS.	GUY R. SHEETS	1617 NE 9 STREET	FT. LAUDERDALE, FL 33304
Sec	Rolain L. Sheets	1617 NE 9 Street	Ft Lauderdale, FL 33304

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 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:

Guy R. Sheets

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

(954) 467-7757

Daytime Phone #

CR2E081 (9/99)

SHEETS PROFESSIONAL GLASS & MIRROR, INC.

101 SW 15 STREET
FT. LAUDERDALE, FL 33315

954-467-7757
Fax 954-462-4340

February 11, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is our application for Corporation Reinstatement and our check for \$308.75. In discussion with a representative of your office, we were told that we could requested a one time exemption that would waive a major portion of our reinstatement fee due to the circumstances surrounding our corporate status change.


We had submitted a change of address to your office but never received the form to complete our 1998 annual report. Without the form, it was overlooked and never submitted. While requesting a recent credit report for our corporation, we then discovered that our corporation was dissolved as of 12-24-99.

We would appreciate your consideration in this one-time request to reduce the reinstatement fee.

The \$8.75 is for an updated Certificate of Status.

Thank you.

Sincerely,


Guy Sheets
President