

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -8 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098000002722

1. Corporation Name

Collier Window Tinting

2. Principal Office Address

1919 Pine Ridge Rd.

Suite, Apt. #, etc.

30

City & State

Naples, FL

Zip

34109

Country

USA

3. Mailing Office Address

2338 Immokalee Rd.

Suite, Apt. #, etc.

157

City & State

Naples, FL

Zip

34110

Country

USA

200009914952

01/07/03--01046--001 **1358.75

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/1998

5. FEI Number

65-0815126

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

Eli Gonzalez

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

2338 Immokalee Rd. #157

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

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

Eli R. Gonzalez

REGISTERED AGENT MUST SIGN

Date

1/6/02

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.	Eli Gonzalez	2338 Immokalee Rd. #157	Naples, FL 34110
Sec.	Eli Gonzalez	2338 Immokalee Rd. #157	Naples, FL 34110
Vice Pres.	"	"	"
Treas.	"	"	"

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:

Eli R. Gonzalez Eli R. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/1998

Daytime Phone #

239-596-3456

CR2E081 (10/02)