

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000024653

1. Corporation Name

POWER SHADES OF FLORIDA, INC.

Principal Place of Business

5180 23RD CT. SW
NAPLES FL 34116

Mailing Address

5180 23RD CT. SW
NAPLES FL 34116

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

Suite, Apt. #, etc.

City & State

Zip

Country

5820 Yahl St. Suite #5

Naples, FL

34109

Collier

Suite, Apt. #, etc.

City & State

Zip

Country

5820 Yahl St. Suite #5

Naples, FL

34109

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1999

5. FEI Number

59-3563216

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SINERIZ, MIGUEL	5180 23RD CT. SW	NAPLES FL 34116
D	Sineriz, Miguel	2557 55 th Terr S.W. #A	Naples, FL 34116

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINERIZ, MIGUEL
5180 23RD CT. SW
NAPLES FL 34116

Name Sineriz, Miguel
Street Address (P.O. Box Number is Not Acceptable)
2557 55th Terr S.W.
Suite, Apt. #, Etc.
Apt # A
City Naples
State FL Zip Code 34116

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

REGISTERED AGENT MUST SIGN

Date 10-14-2000

11. 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

Date

Daytime Phone #

Miguel Sineriz

10-14-2000 (941) 370-7866

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 23 PM 3:33

REINSTATEMENT

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CR2E040 (8/00)