

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000032249**

1. Corporation Name

Professional Tradesmen of America, Inc

FILED
05 AUG -4 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

5560 SW 90 TERRACE

Suite, Apt. #, etc.

City & State

Copper City FL

Zip

33328

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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Zip

—

Country

—

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

4-8-99

5. FEI Number

650917958

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

DOUGLAS ROGER LITTELL

200058259352

08/04/05--01055--003 **1350.0

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

OLD 30045 ~~DEER CREEK~~ (NEW) 4801 S UNIVERSITY DRIVE

Suite, Apt. # Etc.

(NEW) SUITE #237

City

(NEW) MIAMI DAVIE

State

FL

Zip Code

33328

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

Douglas R. Littell

REGISTERED AGENT MUST SIGN

Date **8-2-05**

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
P	ANN S. Reilly	5560 SW 90 TERRACE	Copper City, FL. 33328
2			

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:

Ann S. Reilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-05

Date

786 2601109

Daytime Phone #