

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P99000094588

**CORPORATION**

2000 - 2001  
UBR 'S



**FLORIDA DEPARTMENT OF STATE**

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAY 22 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000094588

**1. Corporation Name**

Professional Shutter Company

**2. Principal Office Address**

18617 SW 107th Ave.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33157

Country

U.S.A.

Zip

Country

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

10/26/99

**5. FEI Number**

65-0956622

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

Joseph A. Carballo, P.A.

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

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 600

City

Miami

State

FL

Zip Code

33134

**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

REGISTERED AGENT MUST SIGN

Date

5/17/01

**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
D.	Jim Verghe	18617 SW 107th Ave.	Miami, FL 33157

**10. I certify that I am an officer or director of 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:**

Jim Verghe

5/17/01

(305)278-1408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# PROFESSIONAL'S SHUTTER, CO.

18617 S.W. 107TH AVE.  
MIAMI, FL 33157

Phone 305- 278-1408  
Fax 305- 278-1403

Email PROSHUTTER00@CS.COM

P99000094588

November 6, 2001

Florida Department of State, Division of Corporations  
Attention: Melinda Lilliston  
409 East Gaines Street  
Tallahassee, Florida 32314

RE: Professional Shutter Co. Doc # 20572-E

Dear Ms. Lilliston,

The annual report first and second notices due to the Department of State, Division of Corporation were never received by via mail for the Professional Shutter Company. All the information received and filed with the Corporation reinstatement form of May 22, 2001 is correct.

Thank you in advance for your cooperation in this matter.

Sincerely,

James L. Vergho