

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 4:09

DOCUMENT # P99000096090

1. Corporation Name

PROTECTIVE GLASS INDUSTRIES, INC.

Principal Place of Business

Mailing Address

6441 TOPAZ CT.
FT. MYERS FL 33912

6441 TOPAZ CT.
FT. MYERS FL 33912



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1999

Suite, Apt. #, etc.

6431 TOPAZ CT

Suite, Apt. #, etc.

6431 TOPAZ CT

City & State

City & State

5. FEI Number

65-0989285

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MERHIGE, PETER M	6441 TOPAZ CT.	FT. MYERS FL 33912

500003447925--8

11/02/00 01001-016

****150.00 ****150.00

10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STREYFFELER, KURT A
2222 2ND ST.
FT. MYERS FL 33901

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-17-00

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

10-16-00

Date

941-936-4227

Daytime Phone #

CR2E040 (8/00)



②

October 16, 2000

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed are the Annual Reports for Protective Glass Industries, Inc. and Florida Safety Window & Doors, Inc., and a check for \$150 for each of the companies filing fees for the year 2000. We are new business owners and thought that the filing of annual report were from the month that you filed not between January 1 and May 1 of each year. We did not receive the initial request to file or the second notice. I don't feel that we should pay the reinstatement fee for each of these corporations. Now that I am aware of the filing dates I will know if I do not receive anything in the mail that I need to contact the state and request the annual report.

Respectfully,



Peter Merhige