

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

99 NOV -1 PM 2:49

DOCUMENT # **S45552**

1. Corporation Name

**PERFECTION WINDOW TINTING AND ALARMS, INC.**

Principal Place of Business

Mailing Address

10801 SW 72ND ST  
MIAMI FL 33177-  
US

10801 SUNSET DRIVE  
MIAMI FL 33173  
US



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.

Suite, Apt. #, etc.

City & State

City & State

Zip **33173**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/16/1991**

5. FEI Number

**65-0255314**

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	GONZALEZ, ROSE	10801 SW 72ND ST	MIAMI FL 33173

600003038856--9

11/09/99 01007-007  
\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ROSE  
10801 SW 72ND ST  
MIAMI FL 33173

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]*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date **X 10/25/99**

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: **X**

*[Signature]*

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**X 10/25/99**

Daytime Phone #

**AD**

CR23940 (8/99)

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

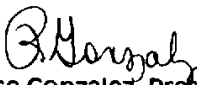
REF.: PERFECTION WINDOW TINTING  
AND ALARMS, INC.  
DOC. # S45552

Gentlemen:

It has come to our attention that you have dissolved the Corporation stated above due to non-filing of the annual report., please be advised that we never received the 1st or 2nd notice., otherwise, we would have sent the payment in time as always.

We respectfully request that you accept our payment of \$150. In order to keep our Corporation active. Business is not doing so good at this moment and we really can not afford to send the \$750.

Sincerely,

  
Rose Gonzalez, Pres.  
Perfection Window Tinting  
and Alarms, Inc.