

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V33429**

1. Corporation Name

PROTECTION PLUS ALUMINUM SPECIALISTS, INC.

Principal Place of Business

Mailing Address

215 E. 13TH ST.
ST. CLOUD FL 34771
US

490 NEEDLE BLVD.
MERRITT ISLAND FL 32953
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1713 CONN. AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.

City & State

St. Cloud, Florida

City & State

Zip
34771

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1992

5. FEI Number

59-3127445

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
PT	HAYES, RHONDA	490 NEEDLE BLVD.	MERRITT ISLAND FL 32953
SVP	HAYES, DENNIS	490 NEEDLE BLVD.	MERRITT ISLAND FL 32953

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYES, DENNIS L
490 NEEDLE BLVD.
MERRITT ISLAND FL 32953

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-30-03**

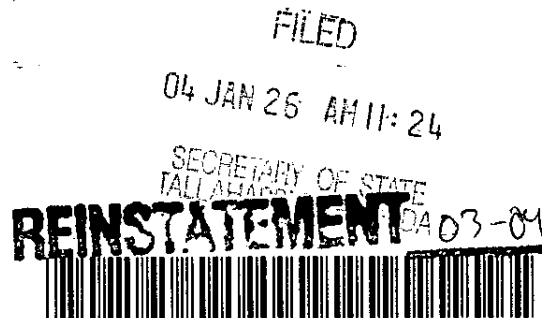
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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

10-30-03
Date

321-231-1260
Daytime Phone #



700024381287
01/26/04--01011--017 **150.00

700024381287
11/03/03--01068--018 **150.00

Dennis Hayes
Protection Plus Alum. Inc.
1713 Conn. Ave
St. Cloud, FL 34771

To FLORIDA Dept of State;

I Dennis Hayes, owner of Protection Plus Alum. Inc. would again ask for your forgiveness in allowing me to be exempt of any late fee charges, that may have incurred in my reinstatement of Inc. As I stated in my previous letter we never received ~~any~~ prior Registration Notice. I have asked in my previous letter to understand and waive any late fees. Enclosing I have sent \$150.00 for my current fee for Reinstatement of 2004.

Thank you

Dennis Hayes

1-15-04