



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB138782C-JNJ (B)

BID/RFP# TITLE: Glass and Plexiglas Repair and Replacement

ORIGINAL APPROVAL DATE: January 24, 2024

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$75,000.00

COMPANY'S NAME: P & E Mirror and Glass, LLC

ADDRESS: 2790 Lakewood Ave SW, STE C

CITY: Atlanta

STATE: GA

ZIP: 30315

This Renewal Agreement No. 2 was approved by the Fulton County Board of

Commissioners on BOC DATE: _____ **BOC NUMBER:** _____

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor/Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

P & E MIRROR AND GLASS, LLC

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

ATTEST:

**Neicy Hindsman
Partner**

ATTEST:

**Tonya R. Grier
Clerk to the Commission**

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

**Joseph N. Davis, Director
Department of Real Estate and Asset
Management**

Notary Public

County:_____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: _____ 2nd RM: _____ SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE