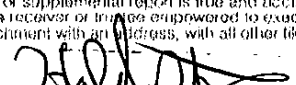


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 SEP 12 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F63996					
1. Entity Name SUN CONTROL ALUMINUM & REMODELING CO., INC.					
Principal Place of Business 4424 DEL PRADO BLVD CAPE CORAL, FL 33914 US			Mailing Address 4424 DEL PRADO BLVD CAPE CORAL, FL 33914 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		County	Zip		County
4. FEI Number 59-2149821			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPECTOR, HAROLD 4424 DEL PRADO BLVD CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 150.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SPECTOR, HAROLD		NAME	700135965347	
STREET ADDRESS	1300 RIO VISTA		STREET ADDRESS	09/16/08--01021--009	**150.00
CITY- ST- ZIP	FORT MYERS, FL 33901		CITY- ST- ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SPECTOR, JOLA		NAME	700135965347	
STREET ADDRESS	1300 RIO VISTA		STREET ADDRESS	09/16/08--01021--010	**15.00
CITY- ST- ZIP	FORT MYERS, FL 33901		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  9-7-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

KS

SUN CONTROL ALUMINUM & REMODELING CO. INC.

ALUMINUM DOORS • SCREEN, VINYL & GLASS ENCLOSURES • HURRICANE SHUTTERS
ALL TYPES OF ALUMINUM AND REMODELING WORK • ROOM ADDITIONS • KITCHENS & BATHROOMS • PAINTING

Deal Direct With Father & Sons and SAVE • 47 YEARS EXPERIENCE

Serving Lee, Collier and Charlotte Counties • LICENSED • INSURED



Lic. # CG-C058367



September 11, 2008

Florida Dept of State
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Karen Saly

Dear Ms. Saly:

Re: \$ 15.00 check

The replacement check was rejected because document was never with it.
Notice was never received.

Please waive \$ 600.00 because we never received reject letters.

Thank you,

A large, stylized handwritten signature in black ink, appearing to read 'Wendy Kray'.

Wendy Kray

WK/fsr