

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000140365

**FILED**  
**Dec 06, 2005**  
**Secretary of State**

**Entity Name:** HIGH IMPACT WINDOWS & DOORS, INC.

**Current Principal Place of Business:**

1000 S POINTE DR STE A4  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

4111 LAGUNA ST.  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

1000 S POINTE DR STE A4  
MIAMI BEACH, FL 33139

**New Mailing Address:**

4111 LAGUNA ST.  
CORAL GABLES, FL 33146 US

**FEI Number:** 65-1234599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

DEVERELL, PAUL PSTD  
531 BLUE ROAD  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: PAUL DEVERELL

12/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: DEVERELL, PAUL  
Address: 1000 S POINTE DR STE A4  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: DEVERELL, PAUL  
Address: 531 BLUE ROAD  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL DEVERELL

PSTD

12/06/2005

Electronic Signature of Signing Officer or Director

Date