

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 13 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000058395

1. Corporation Name

Sigma Windows & Siding, Inc.

Principal Place of Business

Jacksonville, FL

Mailing Address

4220 Hood Rd.  
Jacksonville, FL 32251

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

Country

Zip

Country

**REINSTATEMENT**

98

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2/97

5. FEI Number

59-3513337

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Robert M. Barnes, III	1157 Nesting Eagles Ln	Jacksonville/FL/32225
			300002689453--2
			-11/17/98--01051--001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~Barry J. Fuller~~  
~~2301 Oak Ave.~~  
~~Suite 404~~  
~~Orange Park, FL 32073~~

9. Name and Address of New Registered Agent

Name Robert M. Barnes III  
Street Address (P.O. Box Number is Not Acceptable)  
1157 Nesting Eagles Ln  
Suite, Apt. #, Etc.  
City Jacksonville State FL Zip Code 32225

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

Robert M. Barnes III  
REGISTERED AGENT MUST SIGN

Date 11/12/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Robert M. Barnes III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Barnes III

Date

10/30/98

Daytime Phone #

904-219-2830

CPRE040 (1/98)