

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR -8 PM 2:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G79191

1. Corporation Name

A DOVI ALUMINUM WINDOW SERVICES INC.

W01000004447

2. Principal Office Address

130 Lakeside East

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32124

Country

Volusia

3. Mailing Office Address

130 Lakeside East

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32124

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

1983/84

5. FEI Number

59 2367983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

98-00

7. Name and Address of Current Registered Agent

Name

Barry E. Hughes

BARRY E. HUGHES

Street Address (P.O. Box Number is Not Acceptable)

2001 S. Ridgewood Ave.

2001 S. Ridgewood Avenue

Suite, Apt. #, Etc.

South Daytona FL

City

South Daytona

State

FL

Zip Code

32119

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/22/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Peter Dovi	4187 Dairy Court	Port Orange, FL 32127

3000003851699-4

-03/12/01-01128-024

***1208.75 ***1208.75

REINSTATEMENT

98-01

[Signature]

10. 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:

PETER DOVI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/01

Date

ICO 788-9667

Daytime Phone #

CR2E081 (9/00)