

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUN -6 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K98285

1. Corporation Name

PERFECT FLOORS & WINDOWS, INC.

2. Principal Office Address

4723 S.W. 51st Street

Suite, Apt. #, etc.

Bay 22

City & State

Davie, Florida

Zip

33314

Country

Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650152053

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SUSAN HENRY

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

4723 S.W. 51st Street

Suite, Apt. #, Etc.

Bay 22

City

Davie

State

FL

Zip Code

33314

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

Susan Henry

Date 6-5-02

REGISTERED AGENT MUST SIGN

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
Sec. Pres.	SUSAN HENRY	4723 S.W. 51st St., Bay 22	Davie, FL 33314
V.Pres.	WILLIAM S. HENRY	4723 S.W. 51st St., Bay 22	Davie, FL 33314
Treas.	JOSEPH KRUP	4723 S.W. 51st St., Bay 22	Davie, FL 33314

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:

Susan Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-02

Date

954-327-1700

Daytime Phone #

CR2E081 (9/01)