

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 17 PM 3:03

DOCUMENT # L88058

1. Corporation Name

WINDOW SPECIALTIES, INC

1015 MAPLE COURT

2. Principal Office Address

1015 MAPLE COURT

Suite, Apt. #, etc.

City & State

PALM BAY, FL

Zip

32907

Country

BREVARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

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

5. FEI Number
59-3018270

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
ANDREW J BLONDIN

Street Address (P.O. Box Number is Not Acceptable)
1015 MAPLE COURT

Suite, Apt. #, Etc.

City
PALM BAY

State
FL

Zip Code
32907

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 Andrew J. Blondin
REGISTERED AGENT MUST SIGN

Date 5/12/04

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
P	ANDREW J BLONDIN	1015 MAPLE COURT	PALM BAY, FL 32907

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:

Andrew J. Blondin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/04

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Arno Financial Services, Inc.

***Investments • Insurance • Tax • Accounting**

1601 Airport Blvd • Suite 2 • Melbourne, Florida 32901

(321) 951-2888 • Fax (321) 768-7589

Andrew P. Arno

Enrolled to Represent Taxpayers before the IRS

Accredited Tax Advisor

Member of Florida Society of Accounting & Tax Professionals

Member of National Society of Accountants



Tamara L. Cheek

Enrolled to Represent Taxpayers before the IRS

Member of Florida Society of Accounting & Tax Professionals

Member of the QuickBooks Professional Advisors Program

June 15, 2004

Department of State
Division of Corporations
Attn: Andy Dunlap
PO Box 6327
Tallahassee, FL 32314

Re: Window Specialties, Inc
Document # L88058
1015 Maple Court
Palm Bay, FL 32907

Mr. Dunlap,

This letter is to inform you that my client never received the forms to file the annual reports. I have attached the original reinstatement form.

My client ask that you accept the check you previously received for only the annual report fee's for the last two year of \$300 and waive the reinstatement fee's. We will make sure that my client files the annual report in the future timely.

I want to thank you for all help in this matter and I look forward to hearing from you.

Respectfully,

Andrew P. Arno, E.A., A.T.A.
Arno Financial Services, Inc



***Andrew P. Arno, Registered Representative**

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