

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC -8 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M28918

1. Corporation Name

UNITED WINDOWS & DOORS, INC.

Principal Place of Business

Mailing Address

16280 N.W. 27th AVENUE
OPA LOCKA, FL. 33054

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

4. Date Incorporated or Qualified
To Do Business in Florida

3/01/86

5. FEI Number

59-2784117

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
P.T.S.	WILLIE HIGHTOWER	16280 N.W. 27 AVE	OPA LOCKA, FL. 33054

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIE HIGHTOWER
16280 N.W. 27th AVENUE
OPA LOCKA, FL. 33054

Name

WILLIE HIGHTOWER

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

16280 N.W. 27th Avenue

Suite, Apt. #, Etc.

City Opa Locka

State

Zip Code

FL

33054

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

Willie Hightower

REGISTERED AGENT MUST SIGN

Date 12/22/99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie A. Hightower

Dec 22, 1999 (305) 620-0269

Date

Daytime Phone #

CR2E081 (12-98)