

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV 13 PH 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M44385

1. Corporation Name

AMERICAN WINDOW CORPORATION

Principal Place of Business Mailing Address  
8500 N.W. 64th St. 8500 N.W. 64th St.  
Miami, FL 33166 Miami, FL 33166

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		4. Date Incorporated or Qualified To Do Business in Florida 1/6/87	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 592793474	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T	Gonzalo Montero	3611 S.W. 15th Street	Miami, FL 33145
VP/S	Sylvia Montero	3611 S.W. 15th Street	Miami, FL 33145

30000348553-1  
12/05/00-01016-003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

Andres . Montero  
508 Biltmore Way  
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name **ANDRES G. MONTERO**  
Street Address (P.O. Box Number is Not Acceptable)  
**3780 W. FLAGLER STREET**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33134**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/9/00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sylvia Montero

11/9/00 (305) 592-6501

Date Daytime Phone #

CR2E081 (12/98)