

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 PM 1:07

DOCUMENT # 1798000003266

1. Corporation Name

Windows To The Future, Inc.

REINSTATEMENT 99-04

2. Principal Office Address

3001 N Rocky Point, Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

same

City & State

Tampa FL

City & State

same

Zip

33607

Country

USA

Zip

same

Country

000042031470

10/20/04--01085--011 **1650.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/98

5. FEI Number

61-1497834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brenda Copeland

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

3001 N Rocky Point Dr.

Suite, Apt. #, Etc.

200

City

Tampa

State

FL

Zip Code

33607

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

Brenda Copeland

Date

10/14/04

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 |
|--------------|--------------------------------------|---|-----------------------|
| <u>Pres.</u> | <u>Brenda Copeland</u> | <u>3001 N Rocky Point Dr.</u> <u>Suite 200</u> | <u>Tampa FL 33607</u> |
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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:

Brenda Copeland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/04

Daytime Phone #

813 639 0103

CR2E081 (07/04)