

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P 00000006246

Windows Plus of Central
Florida, Inc.

2. Principal Office Address

2202 N Westshore Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Tampa FL 33607

Zip

33607

Country

Hillsborough

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

3

Country

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

1/11/2000

5. FEI Number

4 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

Phyllis Kerry

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

2202 N Westshore Blvd

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

Phyllis Kerry

REGISTERED AGENT MUST SIGN

Date

10/20/04

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
Pres	Phyllis Kerry	2202 N Westshore Blvd Suite 200	Tampa FL 33607

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:

Phyllis Kerry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


10/20/04

Date

832891809

Daytime Phone #

CR2081 (01/04)



I would like to request a waiver of the reinstatement fee due to the change of address and non-receipt of bill.

Thanks

Phyllis Kerry
President