

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000028813

**FILED**  
**Nov 07, 2007**  
**Secretary of State**

**Entity Name:** THE WINDOW PRO'S OF FLORIDA, INC.

**Current Principal Place of Business:**

6324 15TH STREET EAST  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

787 COMMERCE DRIVE  
SUITE 18  
VENICE, FL 34292 US

**Current Mailing Address:**

9600 MONROE ROAD  
CHARLOTTE, NC 28270

**New Mailing Address:**

787 COMMERCE DRIVE  
SUITE 18  
VENICE, FL 34292

**FEI Number:** 59-3636727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
UNITED STATES CORPORATION COMPANY  
1201 HAYES ST.  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

GRAY, CALVIN W  
787 COMMERCE DRIVE  
SUITE 18  
VENICE, FL 34292 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CALVIN W. GRAY

11/07/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: MASON, MICHAEL R  
Address: 9600 MONROE RD  
City-St-Zip: CHARLOTTE, NC 28207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR. ( ) Change (X) Addition  
Name: GRAY, CALVIN W  
Address: 787 COMMERCE DR, SUITE 18  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. MASON

PRES

11/07/2007

Electronic Signature of Signing Officer or Director

Date