


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000043276

1. Corporation Name

ACOSTA'S WINDOWS CORPORATION

Principal Place of Business

8941 JAVA PLUM AVENUE
MIRAMAR FL 33025

Mailing Address

3341 JAVA PLUM AVENUE
MIRAMAR FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

133-40 NW 30TH AVE.

Suite, Apt. #, etc.

City & State
OPALOCKA FL

Zip 33054 Country

3. New Mailing Office Address, If Applicable

133-40 NW 30TH AVE.

Suite, Apt. #, etc.

City & State
OPALOCKA FL

Zip 33054 Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2000

5. FEI Number

☒ 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	4 City / State / Zip
PD	ACOSTA, MANUEL	3341 JAVA PLUM AVENUE- 133-40 NW 30TH AVE.	MIRAMAR FL 33025 OPALOCKA FL 33054
			200004669302--2
			11/06/01-01071-009
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

ACOSTA, MANUEL

3341 JAVA PLUM AVENUE 133-40 NW 30TH AVE.

MIRAMAR FL 33025 OPALOCKA FL 33054

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/17/01

11. 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

Date

Daytime Phone #

MANUEL ACOSTA

10/17/01

(305) 688-7530

CR2040 (8/01)

Acosta's Windows Corp.

133-40 NW 30TH Avenue
Opa Locka, FL 33054

October 17, 2001

Division of Corporations
Annual report/ Reinstatement Section

Ref: P00000043276

Dear Sir or Madam:

Please, attached find an application for reinstatement and a check for \$150.00. Please wave the late charge because I moved and I did not receive my annual report on time.

Please, notice my new address above.

Sincerely,



Manuel Acosta
President