PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV -2 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045120

1. Corporation Name

ELEGANT WINDOW 2001 CORP.

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
1937 NW 40TH CT.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL.	City & State
Zip: 33064 Country: BT.	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 1998

5. FEI Number: 65-105288.7 ☐ 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: MARK AVITAN

700004704617--5
-12/04/01--01067--027
****750.00 ****750.00
FLS

Street Address (P.O. Box Number is Not Acceptable): 4908 NW 120 AVE

Suite, Apt. #, Etc.:

City: CORAL SPRINGS State: FL Zip Code: 33076

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 _____ Date 10-30-2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
CEO	MARK AVITAN	4908 NW 120 AVE	CORAL SPRINGS FL 33076
VP	DOTON AVITAN	5072 NW 124 WAY.	CORAL SPRINGS FL. 33076

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: _____ MARK AVITAN CEO 10-30-2001 954 977 7308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #