

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 13 AM 9:58
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057170

1. Corporation Name

Windows By Design, Etc., Inc.

REINSTATEMENT 02-05

2. Principal Office Address

1153 Gulf Breeze Pkwy
Suite, Apt. #, etc.

#B

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

3. Mailing Office Address

1153 Gulf Breeze Pkwy
Suite, Apt. #, etc.

#B

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

T. Roberts DEC 15/2005

4. Date Incorporated or Qualified
To Do Business in Florida

June 5, 2000

5. FEI Number

59-3653072

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

Sherilyn Lee Hall

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

1675 Champagne Ave.

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

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

Sherilyn Lee Hall

REGISTERED AGENT MUST SIGN

Date 12/7/05

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
P	Sherilyn L. Hall	1675 Champagne Ave	Gulf Breeze, FL 32563
V	Gaylen R. Hall	1675 Champagne Ave	Gulf Breeze, FL 32563
T/S	AMANDA L. HALL	1675 Champagne Ave	Gulf Breeze, FL 32563

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:

Sherilyn Lee Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/05 850-934-8077
Date Daytime Phone #

CR2E081 (01/05)