

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 14 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069371

1. Corporation Name

WINDOWTEK, INC.

WDS000011SS2

2. Principal Office Address

480 N.W. 9TH STREET

3. Mailing Office Address

480 N.W. 9TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/2000

5. FEI Number

65-1049707

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

PATRICK MURRAY

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

480 N.W. 9TH STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

Patrick Murray

REGISTERED AGENT MUST SIGN

Date 2-25-05

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
D	LILLIAN MURRAY	480 N.W. 9TH STREET	BOCA RATON, FL 33432
D	PATRICK MURRAY	480 N.W. 9TH STREET	BOCA RATON, FL 33432
			600050266996 04/11/05--01002--021 **308.75
			600050266996 04/11/05--01002--022 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Murray
Patrick Murray

Date

2-25-05

Daytime Phone #

561 542-1504

CR2E081 (01/05)

2082

Windowtek, Inc.
480 N.W. 9th Street
Boca Raton, Florida 33432
(561) 395-8299

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

February 24, 2005

Re: Corporation Reinstatement

Dear Sir or Madam:

I am writing to ask that you please reinstate my corporation, Windowtek, Inc., EIN# 65-1049707, FL Document # P00000069371, to active status.

To my surprise I was recently notified that my corporation was no longer active with the Florida Department of State. I did not receive a yearly notice telling me it was time to file my annual report, or a second notice for that matter.

I assure you that as soon as I was made aware of my corporation's status I immediately contacted your offices and inquired on the necessary steps to take to make my corporation active once again.

I am enclosing payment to the Florida Department of State in the amount of \$308.75 to cover the past two filing years and received a certificate of status once my corporation has been reinstated.

I apologize greatly for the inconvenience this has caused and assure you this will not happen again.

Sincerely,



Patrick Murray
Director