

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 10 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074775

1. Corporation Name

International Window Erectors Inc.

2. Principal Office Address

5985 S. University Drive

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33328

Country

USA

3. Mailing Office Address

P.O. Box 135

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33328

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/02/00

5. FEI Number

06-1529036

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
Richard H. Klein

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

5985 S. University Drive

Suite, Apt. #, Etc.

City
Davie

State
FL

Zip Code
33328

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

Richard H. Klein

REGISTERED AGENT MUST SIGN

Date

9-8-03

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
PSTD	Richard Klein	5985 S. University Drive	Davie, FL 33328

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:

Richard H. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-8-03

Daytime Phone #

954-325-6871

CR2E081 (10/02)

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