## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000092251

City-St-Zip:

WINTER HAVEN, FL 33884

FILED Oct 27, 2009 Secretary of State

Entity Name: CENTRAL WINDOW SALES, INC.					
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
309 AVENU BARTOW A BARTOW,	AIRPORT		320 3RD ST SW WINTER HAVEN, FL	33880	
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
309 AVENU BARTOW A BARTOW,	AIRPORT		320 3RD ST SW WINTER HAVEN, FL	33880	
FEI Number:	59-3674069	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ECKELBERRY, JOHN 309 AVENUE A BARTOW AIRPORT BARTOW, FL 33830 US			320 3RD ST SŴ	ECKELBERRY, JOHN 320 3RD ST SW WINTER HAVEN, FL 33880 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JOHN ECKELBERRY				10/27/2009	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ECKELBERRY, 64 HARBOUR E WINTER HAVE	STATES DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	O'FERRELL, JE	BROOK CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P () ECKELBERRY,		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JENNA E OFERRELL ST 10/27/2009