## FOR PROFIT CORPORATION

| ONIFORM BUSIN  | E22 KFKOKI   | (ARK)  | And the second second  |                                       |  |
|--|--|--|--|---------------------------------------|--|
| DOCUMENT # PCOOD 107148  |  |  | SECRETARY OF STATE DIVISION OF CORPORATIONS                                |                                       |  |
| Doorst Window works Inc  |  |  | 02 OCT -9 PM 1:18  |                                       |  |
| DO NOT WRITE IN THIS SPACE   |  |  |  |                                       |  |
| 2. Principal Place of Business 682/ Capifal cir NE   | Place of Business  3. Mailing Address  P.O. BOX 124/5                                      |  | 1  |                                       |  |
| Suite, Apt. #, etc.  | Apt. #, etc. Suite, Apt. #, etc.   |  | DO NOT WRITE IN THIS SPACE   |                                       |  |
| City & State   | City & State   |  | 4. FEI Number  | Applied For                           |  |
| 7411, FL Zip Country 32301 Les ~   | 2ip<br>32317   | Country<br>Leon  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required        |  |
|  | 1 2001   | Name   | 7. Name and Address of Current Registe                                     | red Agent                             |  |
| DO NOT W<br>IN THIS SI   | <del> </del>   | Fav<br>Street Address                                    | Street Address (P.O. Box Number is Not Acceptable)  G391 Heritage Ridge RD |                                       |  |
| The above named entity submits this statement in the    | for the purpose of changing its  | City TA 1)   |  | L Zip Code 312                        |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature, typed or printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |  |  |                                       |  |
| 9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS ANI   | lay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>d UBR is \$61.25<br>de to Department of Sta | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees  |                                       |  |
| 11. OFFICERS AND DIRECTORS  TITLE PERS CLENT +  NAME FARHICLEN K. FAHIMIPOUR  STREET ADDRESS 6821 CAPITOICIV NE UNIT 67-8  CITY-SI-ZIP TAII, FL, 32301   |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    | 70000843<br>10/17/0201096004   | 34777<br>**308.75                     |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |  | : •                                   |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    | DO NOT WR  | ITE                                   |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP  |  | TIFLE NAME STREET ADDRESS CITY-SI-ZIP                    | IN THIS SPA  | CE                                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |  |                                       |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |  | · · · · · · · · · · · · · · · · · · · |  |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:  |  |  |  |                                       |  |
| SIGNATURE: 10-9-0 878-0992  SIGNATURE AND FYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date |  |  |  |                                       |  |

10-9-02 878-0992

Date Daytime Phone #



June 14, 2002

Dave Lang Clerk of the Circuit and County Courts P O Box 726 Tallahassee FL 32302-0726

Dear Mr. Lang:

This letter is in reference to two certified articles mailed by your office to Masoud Fahimpour. A copy of the letters is attached.

The first letter, certified article Z198687420, was mailed by your office on November 21, 2000 to Mr. Fahimipour, Window Works, 1196-A Capital Circle NE, Tallahassee FL 32301. The letter was forwarded to Post Office Box 12174, Tallahassee FL 32317 in accordance with a change of address order filed by Mr. Fahimipour. Your office sent a second letter to Mr. Fahimipour on November 27, 2000 directly to Post Office

Mr. Fahimipour did not receive notification of attempted delivery for either certified due to an error in renting the post office box to him. When he rented the post office box, he was given the wrong box number for a post office box that was currently rented. He immediately filed a change of address order to have his mail forwarded from the street address to the post office box address. This order was processed by our carrier on November 21, 2000. When the error was discovered, Mr. Fahimipour and Window Works was assigned another post office box, 12415, and a change of address bypass order was entered on December 6, 2000.

Both of the letters you sent to Mr. Fahimipour were received during the interim period before the correction was made. The clerk who corrected the error did not think to check for accountable mail that was being held for the wrong box number.

On behalf of the Postal Service, please accept our apologies for any inconvenience experienced by you or Mr. Fahimipour as a result of this error. It is our desire to provide quality service to our customers at all times, and the service you received was not indicative of that goal.

V I Did Not Recived the UBR REPORT FOR YEAR 2001.

If you have any questions, please contact our Customer Relations Office at 850-216-4311.

Sincerely,

Revell Smith Michael W. Gaydou

Postmaster

Customer Service and Sales

2800 S. Adams St.

Tallahassee, FL 32301-9998

Masoud Fahimipour

Window Works P O Box 12415

Tallahassee FL 32317-2415

CC: