

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 16 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000110064

**1. Corporation Name**

LA RED WINDOWS CORPORATION

400023860804  
10/16/03--01073--010 \*\*158.75

**2. Principal Office Address**

11481 INTERCHANGE Circle South

Suite, Apt. #, etc.

City & State

MIRAMAR, FL.

Zip

33025

Country

BROWARD

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

11-28-2000

**5. FEI Number**

651058406

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

**7. Name and Address of Current Registered Agent**

Name

ISRAEL LA RED

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

11481 INTERCHANGE CIRCLE SOUTH

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

**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

Israel La Red

Date

10/13/03

REGISTERED AGENT MUST SIGN

**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
PRES.	ISRAEL LA RED	11481 INTERCHANGE CIRCLE SOUTH	MIRAMAR, FL 33025

**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:

Israel La Red

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

786-412-4683

Daytime Phone #

CR2E081 (10/02)



**LA RED WINDOWS, INC.**  
**11481 INTERCHANGE CR. SOUTH**  
**MIRAMAR, FL. 33025**

Department of State  
Division of Corporations

October 13, 2003

To Whom it may concern:

Please find the enclosed check for \$150.00 and Corporation Reinstatement form. We have never received papers for the annual U.B.R. report that was to be filed. Our current address is listed above and on the enclosed form. Feel free to contact me for any other information that may be required. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Israel La Red'. The signature is fluid and cursive, written over the printed name.

Israel La Red  
President

PHONE: (786) 412-4683

FAX: (954) 499-0811