PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 24 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117033

1. Corporation Name

EZZY WINDOWS & LOCKS CORP.

REINSTATEMENT 02-03
12/15/03 01036 025 $150.00
11/24/03 01093 010 $150.00

2. Principal Office Address	**3.** Mailing Office Address
4423 WHITE OAK CIRCLE	4423 WHITE OAK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
KISSIMMEE FLORIDA	KISSIMMEE FLORIDA
Zip: 34746 Country: USA	Zip: 34746 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/02/2001

5. FEI Number: 651063958 ☐ 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: ISRAEL SABIDO

Street Address (P.O. Box Number is Not Acceptable): 4423 WHITE OAK CIRCLE

Suite, Apt. #, Etc.:

City: KISSIMMEE | State: FL | Zip Code: 34746

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: _____ REGISTERED AGENT MUST SIGN Date: 12/12/2003

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
PD	ISRAEL SABIDO	4423 WHITE OAK CIRCLE	KISSIMMEE FLORIDA 34746
SD	MARLEN SABIDO	4423 WHITE OAK CIRCLE	KISSIMMEE FLORIDA 34746

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(5)(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 SABIDO 12/12/2003 (321) 231-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E091 (1-02)