

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000062384

1. Corporation Name

ATLANTIC WINDOWS & DOORS, INC.

Principal Place of Business

Mailing Address

704 WEST FAIRBANKS AVE.
WINTER PARK FL 32789

704 WEST FAIRBANKS AVE.
WINTER PARK FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~508 CENTRAL PARK DR~~

Suite, Apt. #, etc.

City & State

~~SANFORD, FL~~

Zip

~~32771~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~508 CENTRAL PARK DR~~

Suite, Apt. #, etc.

City & State

~~SANFORD, FL~~

Zip

~~32771~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2001

5. FEI Number

59-3729415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---------------------------------|
| D | DIPIETRA, CHARLES | 704 WEST FAIRBANKS AVE. | WINTER PARK FL 32789 |
| P | CINDY D. WEBSTER | 508 CENTRAL PARK DR | SANFORD, FL 32771 |
| D | JOSEPH R. WEBSTER | 508 CENTRAL PARK DR. | SANFORD, FL 32771 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ICARDI, JEFFREY A
549 WYMORE RD. N., STE. 109
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

JOSEPH R. WEBSTER

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

508 CENTRAL PARK DR.

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/12/03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/03

Daytime Phone #

407-302-6995

FILED
03 DEC 23 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003
600025695846
12/23/03--01004--006 **750.00

CR2E040 (7/03)