

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 # P01000074032

1. Corporation Name

COASTAL WINDS SHUTTERS, INC.

Principal Place of Business

Mailing Address

985 PAPAYA LANE  
WINTER SPRINGS FL 32708

~~POST OFFICE BOX 106872~~  
~~WINTER SPRINGS FL 32710~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

~~985 PAPAYA LANE~~  
~~WINTER SPRINGS FL~~  
~~32708~~ Seminole

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/2001

5. FEI Number

59-3733883

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
PSTD	KNIPP, RICHARD C	985 PAPAYA LANE	WINTER SPRINGS FL 32708

800025883928  
12/31/03--01024--009 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.~~  
~~1840 SOUTHWEST 22 STREET~~  
~~4TH FLOOR~~  
~~MIAMI FL 33145~~

Name

RICHARD C. KNIPP

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

985 PAPAYA LANE

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

*Richard C. Knipp*  
REGISTERED AGENT MUST SIGN

Date 12-29-03

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:

*Richard C. Knipp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/03  
Date

407-695-0194  
Daytime Phone #

CR2E040 (7/03)



985 PAPAYA LANE WINTER SPRINGS, FL 32719

407 - 695 - 0194 OR 866 - 695 - 0194

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

December 29, 2003

Dear Sir or Madam:

I am writing to request reinstatement of Coastal Winds Shutters, Inc. The application for reinstatement is enclosed. Please note corrections to the mailing address and the Registered Agent for the corporation.

I would also request that the reinstatement fees be waived as I did not receive the two prior uniform business report (URB) notices. Therefore I am forwarding a check for the annual filing fee for a for-profit corporation of \$ 150.00 and the additional \$ 8.75 for a Certificate of Status.

Your cooperation in this matter is greatly appreciated.

Thank you,

A handwritten signature in black ink, which appears to read "Richard C. Knipp". The signature is written in a cursive, flowing style.

Richard C. Knipp  
President