

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000093715

1. Corporation Name

TRUE WINDOW INC.

2. Principal Office Address

4502 E 4th Ave.

Suite, Apt. #, etc.

City & State

HIALEAH FLA

Zip

33012

Country

USA

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/2001

5. FEI Number

F 65-1139878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2002

7. Name and Address of Current Registered Agent

Name

JOSE M. DE LA NUEZ

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

4502 E 4th Ave.

Suite, Apt. #, Etc.

City

HIALEAH, FL

State

FL

Zip Code

33012

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

Jose M. de la Nuez

REGISTERED AGENT MUST SIGN

Date

11/8/2

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
psd	JOSE DE LA NUEZ	4502 E 4th Ave.	HIALEAH, FL 33012

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/2

Date

Daytime Phone #

(305) 808-2176
(786) 586-6069

CR2E081 (9/01)