

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000104788**

**1. Corporation Name**

**FREDDY'S Windows & Doors, Inc.,  
14355 SW 57<sup>th</sup> Apt #8  
Miami Florida 33183**

**2. Principal Office Address**

**14355 SW 57<sup>th</sup>**

Suite, Apt. #, etc.

**Apt #8**

City & State

**Miami, FL 33183**

Zip

**33183**

Country

**DADE**

**3. Mailing Office Address**

Suite, Apt. #, etc.

**Same.**

City & State

Zip

Country

**REINSTATEMENT**

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

**10-30-01**

**5. FEI Number**

**65-1150955**

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

**FREDDY Soto**

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

**14355 SW 57<sup>th</sup> Apt #8**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33183**

**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

*[Signature]*

Date

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
President	FREDDY Soto	14355 SW 57 <sup>th</sup> Apt #8	Miami FL 33183

**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

**3-29-04 (305) 401-2426**

Date

Daytime Phone #

CP2E081 (10/02)

10 2002

From: Freddy's Windows & Doors , Inc  
14355 SW 57 Lane , Unit # 8  
Miami, FL , 33183  
Ph # 305-401-2426

To: Florida Department of State  
Division of Corporations  
PO.BOX 6327  
Tallahassee, Fl, 32314

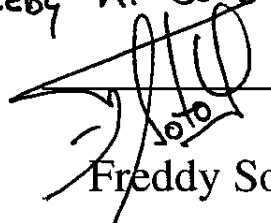
To : Who it may concern:

The reason that I m writing this letter is to inform you that we did not received the reinstatement 2002 form because we changed our home address. I made a phone call to your office and I spoke to Eula (reps) and she asked us send this letter along with a check for the amount of \$450.00 which is what we owe you at this moment. This amount will count for three annual report payments from year 2002-2004,

I was told that the status of the company which is inactive at this moment , will change as soon as you received this letter. In addition to this our new home address is 14355 SW 57 Lane, Unit #8, Miami Fl, 33183.

Thank you,

Freddy A. Soto



Freddy Soto