

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 # P02000068832

1. Corporation Name

CALVIN SCOTT'S WINDOWS, INC.

Principal Place of Business

Mailing Address

~~870 TOWN CIRCLE
MAITLAND FL 32751~~

~~870 TOWN CIRCLE
MAITLAND FL 32751~~

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

1700 Ridge Avenue
Suite, Apt. #, etc.

1700 Ridge Avenue
Suite, Apt. #, etc.

City & State
Longwood FL
Zip 32750 Country US

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Longwood FL
Zip 32750 Country US

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2002

5. FEI Number

01-0771094

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
P	SCOTT, CALVIN A	870 TOWN CIRCLE	MAITLAND FL 32751
P	Scott, Calvin A	1700 Ridge Avenue	Longwood FL 32750

8. Name and Address of Current Registered Agent

SMALLEY, CRAIG W
1517 E HILLCREST STREET
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name Calvin Scott
Street Address (P.O. Box Number is Not Acceptable)
1700 Ridge Avenue
Suite, Apt. #, Etc.

City Longwood

State FL

Zip Code 32750

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

Calvin Scott
SIGNATURE REQUIRED

Date 11-13-03

REGISTERED AGENT MUST SIGN

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:

Calvin Scott
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-03

Daytime Phone #

FILED

03 NOV 18 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)