

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000068872

1. Corporation Name

AR.MA.NI. WINDOW & DOOR INSTALLATIONS, INC.

Principal Place of Business

Mailing Address

5510 LYONS RD
SUITE 104
COCONUT CREEK FL 33073

5510 LYONS RD
SUITE 104
COCONUT CREEK FL 33073

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5430 Lyons Rd Suite 207
Coconut Creek FL

5430 Lyons Rd S. 207
Coconut Creek FL 33073

5. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33073. USA.

33073. USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERMUDEZ, ARMANDO	5510 LYONS RD SUITE 104	COCONUT CREEK FL 33073
D	BERMUDEZ, JUAN	5510 LYONS RD SUITE 104	COCONUT CREEK FL 33073
D	BERMUDEZ, JOHNNY	5510 LYONS RD SUITE 104	COCONUT CREEK FL 33073

200024055362
10/23/03--01079--011 *\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
REGISTERED AGENT MUST SIGN

Date

10-12-03.

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] Armando Bermudez.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)
10-12-03-658-9952-

CR2E040 (7/03)

AR.MA.NI WINDOW AND DOOR INST INC.

5430 LYONS RD SUITE 207

COCONUT CREEK FL 33073

To Whom It May Concern:

Im sending this letter in reponse to the NOTICE OF
ADMINISTRATIVE DISSOLUTION OR REVOCATION sent by
your office.

My name is ARMANDO BERMÚDEZ president of AR.MA.NI
WINDOW & DOOR DN #02000068872.

Im not aware of any letter sent by your office for " ACTIVE
STATUS"

Also be aware that my address has change

My new address is :

5430 lyons rd suite 207

coconut creek fl 33073

thank you.

ARMANDO BERMÚDEZ

