

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000079105

1. Corporation Name

**BRENNAN SCOTT WINDOWS, INC.**

2. Principal Office Address

**1224 CITY PARK AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip

**32808**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/19/2002**

5. FEI Number

**59-6000396**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03

**7. Name and Address of Current Registered Agent**

Name

**BRENNAN SCOTT**

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

**100 S BUMBY AVE**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32803**

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

*Brennan Scott*

REGISTERED AGENT MUST SIGN

Date

**12/19/2003**

**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
PD	BRENNAN, SCOTT	100 S BUMBY AVE	ORLANDO, FL 32803
D	SCOTT, RICHARD	100 S BUMBY AVE	ORLANDO, FL 32803
D	HODGE JR, ANTHONY	100 S BUMBY AVE	ORLANDO, FL 32803

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

**BRENNAN SCOTT**

**12/19/2003**

Date

**407 895-5933**

Daytime Phone #

Robinson and Robinson Inc.

November 3, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that BRENNAN SCOTT WINDOWS, INC. ,  
~~has-relocated. The named Corporation did not receive a Annual Corporate~~  
Reports, for the year (2003). Due to these circumstances we are asking that  
you abate the reinstatement fees. If there are any questions you can contact me  
at (407) 895-5933. Document #P2000079105. Enclosed is \$300.00 for  
the years of 2003 (\$150) and 2004 (\$150).

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson