

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT 12 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PG2000079105

**1. Corporation Name**

Brennan Scott Windows, Inc.  
1224 City Park Ave.  
Orlando, FL 32808

**2. Principal Office Address**

Same as above

**3. Mailing Office Address**

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**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

Date 10/07/2004

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
PD	Brennan Scott	100 S Bumby Ave	Orlando FL 32803
D	Richard Scott	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:**

Brennan Scott

10/07/2004

407-895-5933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

2 of 2

10/12/04

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dear Tina,

This letter is to inform you that BRENNAN SCOTT WINDOWS, INC., did not receive a Uniform Business Report for the year 2004.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

*Brennan Scott*

Brennan Scott

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pg 3 of 3

OCTOBER 7, 2004

FLORIDA DEPARTMENT OF STATE  
CORPORATION REINSTATEMENT

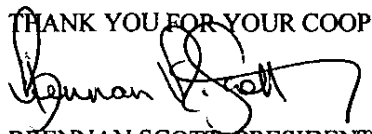
TO WHOM IT MAY CONCERN:

ATTACHED PLEASE FIND REINSTATEMENT FORM FOR BRENNAN SCOTT WINDOWS, INC.

I DID NOT RECEIVED ANY NOTIFICATION, LETTER OR POSTCARD INDICATING THAT I HAD  
OVERPAID MY FEES FOR 2003.

PLEASE APPLY THE AMOUNT OF \$150.00 THAT WAS OVERPAID ON 2003 AND APPLY IT TO  
2004.

THANK YOU FOR YOUR COOPERATION,

A handwritten signature in black ink, appearing to read "Brennan Scott", written over a horizontal line.

BRENNAN SCOTT, PRESIDENT