

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2
ATX

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 20 AM 6:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079105

1. Corporation Name

BRENNAN SCOTT WINDOWS INC

2. Principal Office Address

1224 CITY PARK AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32808

Country

3. Mailing Office Address

1224 CITY PARK AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32808

Country

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

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)

1224 CITY PARK AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

59600396
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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 **4/18/2006**

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	1224 CITY PARK AVENUE	ORLANDO, FL. 32808
D	RICHARD SCOTT	1224 CITY PARK AVENUE	ORLANDO, FL. 32808

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENNAN SCOTT

4/18/2006

Date

(407) 822-7640

Daytime Phone #

K. Eckel APR 20 2006



Price Accounting Firm, Inc. 2/2

Price's Accounting Firm Inc.

04/18/06

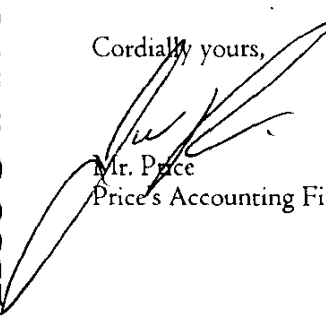
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 Report. The officers of the Corporation was under the guidance of their previous accountant, who failed to properly inform them that this report should have been filed. Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at the number below.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,


Mr. Price
Price's Accounting Firm Inc.

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06 APR 19 PM 4:58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA