

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 25 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 0200012456*

1. Corporation Name

ALLSTATE WINDOWS INC.

2. Principal Office Address

1120 NE 100 STREET

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL.

Zip

33138

Country

USA

3. Mailing Office Address

1120 NE 100 STREET

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-21-2002

5. FEI Number

41-2076737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

KALNUS, DAYNA

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

1120 NE 100th STREET

Suite, Apt. #, Etc.

City

MIAMI SHORES,

State

FL

Zip Code

33138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/3/03

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
<i>PSID</i>	<i>KALNUS, DAYNA</i>	<i>1120 NE 100th ST.</i>	<i>MIAMI SHORES, FL. 33138</i>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/03

Daytime Phone #

CR2E081 (10/02)