

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

10/2
APPROVED
AND
FILED

DOCUMENT # P02000130583

1. Corporation Name

WINDOW AND DOOR WORKS INC.

03 OCT 14 AM 11:53

Principal Place of Business

Mailing Address

3890 SHAWNEE AVE
W PALM BCH FL 33409
33409

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W PALM BCH FL 33409
33409

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003
Waf

600023792166
10/14/03--01059--013 **158.75

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

12/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0443961

Applied For

Not Applicable

City & State

City & State

Zip 33409 Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HERBERT, LEROY	18480 WOODPECKER CT	LOXAHATCHEE FL 33470
D	HERBERT, ELINA	18480 WOODPECKER CT	LOXAHATCHEE FL 33470

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERBERT, LEROY
18480 WOODPECKER CT
LOXAHATCHEE FL 33470

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-9-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

WINDOW & DOOR WORKS

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We did Not Receive the two prior
UniForm business Report (UBR) Notices
please waived the Reinstatement Fee

The appropriate fee is INClosed

\$150.00

+ = 8.75 for Certificate of Status

158.75

 owner