


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000157558

1. Entity Name
J N G DOOR AND WINDOW SERVICE, INC.



FILED
05 MAR 14 AM 11:06

Principal Place of Business
8204 FOREST OAKS BLVD.
SPRING HILL, FL 34606

Mailing Address
8204 FOREST OAKS BLVD.
SPRING HILL, FL 34606

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



2. Principal Place of Business
8204 Forest Oaks Blvd.
Suite, Apt. #, etc.

3. Mailing Address
8204 Forest Oaks Blvd.
Suite, Apt. #, etc.

11032004 REIN-P CR2E098 (6/04)

City & State
Spring Hill FL

City & State
Spring Hill FL

Zip Country
34606 Hernando

Zip Country
34606 Hernando

4. FEI Number
920186149

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERT, MICHELLE L
2660 5TH AVE. NORTH
SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michelle L Albert Michelle L Albert 1-5-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOEL, JEAN <input type="checkbox"/> Delete 8204 FOREST OAKS BLVD. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOEL, GISELE <input type="checkbox"/> Delete 8204 FOREST OAKS BLVD. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500048846635 03/22/05--01024--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800043405298 12/14/04--01048--004 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800043405298 12/14/04--01048--005 **8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean Noel Jean Noel 12/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #