

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000158051

Entity Name: M.A.R. WINDOWS ETC, INC.

**FILED**  
**Jun 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1544 SE 13TH STREET  
OCALA, FL 34471

**New Principal Place of Business:**

4301 SE 134TH PLACE  
BELLEVIEW, FL 34420

**Current Mailing Address:**

P.O. BOX 5904  
OCALA, FL 344787800

**New Mailing Address:**

4301 SE 134TH PLACE  
BELLEVIEW, FL 34420

FEI Number: 59-3773697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAICES, MIGUEL A  
1544 SE 13TH STREET  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

RAICES, MIGUEL A  
4301 SE 134TH PLACE  
BELLEVIEW, FL 34420 US

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.

SIGNATURE: MIGUEL A. RAICES

06/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAICES, MIGUEL A  
Address: 1544 SE 13TH STREET  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RAICES, MIGUEL A  
Address: 4301 SE 134TH PLACE  
City-St-Zip: BELLEVIEW, FL 34420

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A. RAICES

PD

06/12/2006

Electronic Signature of Signing Officer or Director

Date