

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 10 AM 9:12

DOCUMENT # P0400011028

**1. Corporation Name**

EAGLE WINDOW & DOOR INSTALLATIONS INC

**2. Principal Office Address**

5062 GRANT LANE

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33415

Country

PALM BEACH

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

03-0546683

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

JUAN C TAMAYO

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

5062 GRANT LANE

Suite, Apt. #, Etc.

700063338127

01/10/06--01060--003 \*\*750.00

City

WEST PALM BEACH

State

FL

Zip Code

33415

**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

REGISTERED AGENT MUST SIGN

Date 12/28/05

**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
D	JOAN C TAMAYO	5062 GRANT LANE	WEST PALM BEACH, FL 33415

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/05

Date

(561) 722 2573

Daytime Phone #