PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DOUSION OF CORPORATIONS DOUGLIMENT # 90400015 4 9 30 1. Copposition Name RAYDO N WINDOW CO, JNC. 2. Principal Office Address - No PO Box # 14000 No. Address - No. PO Box # 14000 No. PO BOX * 1400	T ELAGE READ ALE INSTRUCTIONS BET ORE C	I
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2. Principal Office Address - No P.O. Box # 140.2 N/N/TH AVE. E. 140.2 N	1. Corporation Name	IMEEAIIASSEET ESIIIST
Suite. Apt. #, etc. Suite. Ap	KAYDON WINDOWCO, INC.	
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34709 USA 7. Name and Address of Current Registered Agent Name TUBAL P. MANNING Street Address of Current Registered Agent Street Address of Dav Number et Not Acceptable) Street Address of Dav Number et Not Acceptable) State PL State Street Address of Current Registered Agent Registered Re		
Name TUBAL R., MANNING Street Addgess (FO.) gav Number is Not Acceptable) Suite, Apt. #. Etc. Suite, Apt. #. Etc. Suite, Apt. #. Etc. Signature of Registered Agent Agent Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) FILE 3/4708 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) FILE Officer and/or Director Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) FILE DATAL R. MANNING 50 BANDEN CASTLE BANDENTON, FL34304 10. Learthy 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 flast when filing this reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this pox, you are certifying the prior notices were not received and requesting the reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this pox, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 8. Libeing appointed the registered agent of the entity of the en		CERTIFICATE OF STATUS DESIDED 30.73 Additional Fee required
Titles Name of Officers and for Directors Street Addresses of Each Officer and for Directors Street Addresses of Each Officer and for Directors	7. Name and Address of Current Registered Agent	
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received and requesting the reinstatement fee be waived. State 3 2/p Code FL 3 2/708 8. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Street Addresses of Each Officer and/or Director City / State / Zip P/S TUBBAL P. MANNING 50 BRADEN CASTLE BRADENTON, FL34408 10. Leartily that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 907,040 or 617,040, F.S. the information indicated on this poplication is true and accurate. and my signature girall have the same legal effect as if made under certify. 12-5-0 PAH 148-185	Street Address (P.O. Box Number is Not Acceptable) 50 BLADEN CASTLE	the prior notices. By checking this box, you
State 34708 8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Director (Plorida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Director Director (Plorida nonprofit corporations must list at least 3 directors) 10. I certify that I am an officer or director or the receiver or inside empowered to evecute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this sinisaterement 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 less owed by the corporation have been paid and the names of individuals listed on this form do not optically for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature ghall have the same legal effect as if made under oath. SIGNATURE: 12 - 5 - 0 Ag41748 - 787	Suite, Apt. #, Etc.	received and requesting the reinstatement
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4 C 0 1 1 3 2 9 9 3 1 4 12/20/0701009019 **450.00 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.041, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this listed on this is application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:		45TI F BOAD ANTON 9 34208
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SIGNATURE: 12-5-07 (94) 748- 7875 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies owed by the corporation have been paid and the names of individuals listed on this form do not qualify for	the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption contained in Chapter 119, F.S. The information indicated

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