

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 20 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 904000154930

1. Corporation Name

RAYDON WINDOW CO, INC.

2. Principal Office Address - No P.O. Box #

1402 NINTH AVE. E.

Suite, Apt. #, etc.

3. Mailing Office Address

1402 NINTH AVE. E.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34208

Country

USA

City & State

BRADENTON, FL

Zip

34208

Country

USA

REINSTATEMENT
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/2004

5. FEI Number

59-1588766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TUBAL R. MANNING

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

50 BRADEN CASTLE

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34208

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Tubal R. Manning

REGISTERED AGENT MUST SIGN

Date 12-5-07

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
P/S	TUBAL R. MANNING	50 BRADEN CASTLE	BRADENTON, FL 34208

400113299314
12/20/07--01009--019 **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 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 contained in Chapter 119, 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 #

12-5-07 (941) 748-7815

B. Mitchell DEC 20 2007