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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -5 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000171957

1. Corporation Name
WINDOW MASTERS G.N., INC.

REINSTATEMENT 05

11/14/25 CR2E067 (6/05) 01054-010 $150.00

2. Principal Office Address	3. Mailing Office Address
722 MYRTLE COVE CT	P.O. BOX 677787
Suite, Apt. #, etc.	Suite, Apt. #, etc.
104	
City & State	City & State
ORLANDO, FLORIDA	ORLANDO, FLORIDA
Zip / Country	Zip / Country
32825 / ORANGE	32867-7787 / ORANGE

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/2004

5. FEI Number: 20-2052395 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GERARDO NUNEZ

Street Address (P.O. Box Number is Not Acceptable): 722 MYRTLE COVE CT.

Suite, Apt. #, Etc.: 104

City: ORLANDO | State: FL | Zip Code: 32825

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: NOV. 03/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GERARDO NUNEZ	722 MYRTLE COVE CT. #104	ORLANDO, FL 32825
V	GERARDO R. NUNEZ	722 MYRTLE COVE CT. #104	ORLANDO, FL 32825
TREASURER	VIVIAN C. NUNEZ	722 MYRTLE COVE CT. #104	ORLANDO, FL 32825

11/14/05--01054--010 **150.00

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 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: Gerardo Nunez — 11/03/2005 — 407-482-4907

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

K. Eckel DEC 05 2005

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November 28, 2005

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear: Sirs

The following is a letter stating non-receipt of the original/second notice of the annual report for Window Masters G.N. Inc. Doc# P04000171957. Enclosed you'll find a copy of my reinstatement form. Please review and return to active status. I appreciate your consideration. Should you have any question, please give us a call or write to us at the address submitted on said forms. Thank you.

Sincerely,

Gerardo Nunez
President
Doc# P04000171957

Please note our new address
722 Myrtle Cove Ct. #104
Orlando, FL 32825
407 482-4907