

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000000526

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** ADVANCED WINDOW TREATMENT INSTALLATIONS, INC.

**Current Principal Place of Business:**

5208 BEAUTY STREET  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

**Current Mailing Address:**

5208 BEAUTY STREET  
LEHIGH ACRES, FL 33971 US

**New Mailing Address:**

206 GRANT AVE  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 26-0103155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUTCHINSON, ALLYSON  
5208 BEAUTY STREET  
LEHIGH ACRES, FL 33971 US

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

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:** ALLYSON HUTCHINSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** HUTCHINSON, ANDREW L  
**Address:** 5208 BEAUTY STREET  
**City-St-Zip:** LEHIGH ACRES, FL 33971 US

**Title:** P  
**Name:** HUTCHINSON, ALLYSON  
**Address:** 5208 BEAUTY STREET  
**City-St-Zip:** LEHIGH ACRES, FL 33971 US

I hereby 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 all other like empowered.

**SIGNATURE:** ALLYSON HUTCHINSON

VP

10/08/2013

Electronic Signature of Signing Officer or Director

Date