

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000035079

**FILED**  
**Oct 14, 2007**  
**Secretary of State**

**Entity Name:** EXCEPTIONAL WINDOWS & SHUTTERS, INC

**Current Principal Place of Business:**

13843 NW 19 AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

13843 NW 19 AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 54-2167215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

R.O.S. PROFESSIONAL BUSINESS SERVICES INC  
1876 N. UNIVERSITY DRIVE  
SUITE 200-K  
PLANTATION, FL 33322 US

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

JONES, CRAIG P  
3230 NW 4 STREET  
FORT LAUDERDALE, FL 33311 US

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: CRAIG P. JONES

10/14/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, CRAIG P  
Address: 3230 NW 4TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG P. JONES

PD

10/14/2007

Electronic Signature of Signing Officer or Director

Date