## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000004673

Entity Name: EXTREME WINDOW INSTALLATION, INC.

**FILED** Sep 25, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

3800 N. HILLS DRIVE 3602 ATLANTA STREET

HOLLYWOOD, FL 33021 US #402

HOLLYWOOD, FL 33021

**New Mailing Address: Current Mailing Address:** 

3800 N. HILLS DRIVE, 3602 ATLANTA STREET

HOLLYWOOD, FL 33021 US #402 HOLLYWOOD, FL 33021

FEI Number: 42-1691564 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GLAZER AND ASSOCIATES, P.A. HAMAMI, PINI 1920 E. HALLANDALE BEACH 3602 ATLANTA STREET HOLLYWOOD, FL 33021 US

SUITE 806 HALLANDALE, FL 33009 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: PINI HAMAMI 09/25/2007

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

Title: () Delete Title: (X) Change ( ) Addition

HAMAMI, PINI HAMAMI, PINI Name: Name: 3800 N. HILLS DRIVE, #402 Address: 3602 ATLANTA STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: (X) Delete Title: () Change () Addition

Name: ADRABI, SHLOMO Name: 3800 N. HILLS DRIVE, #402 Address: Address: HOLLYWOOD, FL 33021 City-St-Zip: 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: PINI HAMAMI PD 09/25/2007