


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 27 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000012542		
1. Entity Name WINDOW WORLD OF SARASOTA, INC.		

Principal Place of Business 2349 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 US	Mailing Address 2349 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 US
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2. Principal Place of Business - No P.O. Box # 6771-C WHITFIELD IND AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State
Zip 34243	Country USA

6. Name and Address of Current Registered Agent UNDERWOOD, WILLIAM 2349 MESSENGER CIRCLE SAFETY HARBOR, FL 34695	
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09212007 REIN-P CR2E098 (1/07)

4. FEI Number 20-4239057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name: WILLIAM B. UNDERWOOD Street Address (P.O. Box Number is Not Acceptable): 2349 MESSENGER CIRCLE City: SAFETY HARBOR FL Zip Code: 34695	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: William B. Underwood William B. Underwood President 9/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM, UNDERWOOD 2349 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200110024072 09/27/07--01045--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAMELA, UNDERWOOD 2349 MESSENGER CIRCLE SAFETY HARBOR, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAMELA UNDERWOOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2349 MESSENGER CIRCLE SAFETY HARBOR FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYER, THOMAS E III 2349 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYER THOMAS E III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 ADDISON CT WASHINGTON MD 63090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William B. Underwood WILLIAM B. UNDERWOOD 9/21/07 941-752
Signature and typed or printed name of signing officer or director Date Daytime Phone # -0343

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