2008 FOR PROFIT CORPORATION REINSTATEMENT



3.111.08 W

DOCUMENT # P06000055107 B 14 AM 11:27 GUAJIRO ALL WINDOWS, INC. RETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1990 W. 56TH STREET, APT. 1402 1990 W. 56TH STREET, APT. 1402 HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address REINSTATEMENTO - X Suite, Apt. #, etc. Suite Apt # etc 409 Pembroke Rd <u>409 Pembroke</u> Applied For 4. FEI Number Çity & State Hallandale Not Applicable <u>51-0576273</u> Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 33009 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ruiz, Erik J RUIZ, ERIK J Street Address (P.O. Box Number is Not Acceptable) 1990 W. 56TH STREET, APT. 1402 HIALEAH, FL 33012 409 Pembroke Rd City Hallandale Zip Code 33009 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. agent and title if applicable. Signeture, typed or printed in (NOTE: Registered Agent algoriture required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE 18 \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. President Addition D Delete TITLE ☐ Change TITLE RIBZ FRIK.I NAME NAME Ruiz, Erik J 1990 W. 56TH STREET, APT. 1402 STREET ADDRESS STREET ADDRESS 409 Pembroke Rd C/TY-ST-7/P CITY-ST-ZIP HIALEAH, FL 33012 Hallandale FL 33009 ■ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP 500118065806 0* 02/14/08--01039--003 **300.00 ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete 7ITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied with an 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: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



ERIK RUIZ 409 Pembroke Road, Hallandale, FL 33009 Phone: 786-302-1401

(2/8/08)

Division of Corporations PO Box 6327 Tallahassee, FL

RE: 2008 For Profit Corporation Reinstatement

To whom it may concern,

The filing notices for 2007 were not received by **Guajiro All Windows**, **Inc.** due to mail discrepancies. Measures have been taken to avoid this in the future. I have changed the mailing address to an established office address in Hallandale as stated above, so mail should no longer be a problem in this regard. Attached is the Reinstatement form with needed changes and a check.

I appreciate your understanding in this matter.

Sincerely,

Erik Ruiz President