## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name  Tappic Doors & Windows, INC.  2. Principal Office Address. No P.O. Box #  1/7/5 S w 18 S /  Suite, Apt. 6, etc.  300  City & State  Windows Apt. 8, etc.  300  City & State  Windows Apt. 9, etc.  3125  Country  200  Country  3125  Country  3125  Country  3125  Country  The reinstatement fee is imposed, except increases (P.O. Box Number is NejAcceptable)  1/7/15  Suite, Apt. 8, Etc.  Sheel Address (P.O. Box Number is NejAcceptable)  1/7/15  Suite, Apt. 8, Etc.  1/20  City Windows  State  Apt. Country  State   Apt. Country  State   Apt. Country  State   Apt. Country  City Windows  The reinstatement fee is imposed, except increases (P.O. Box Number is NejAcceptable)  1/7/15  Suite, Apt. 8, Etc.  1/20  State   Apt. Country  The reinstatement fee is imposed, except increases which the entity did not receive the prior notices. By checking this box, yet are cartifying the prior notices were not received and requesting the reinstatement fee be waived.  City Windows  REGISTERED AGENT MUST SIGN  Date  City State / Zip  Date  Officers and/or Directors  City State / Zip  JOSE M. G. P.C. III.  1/7/15  SW // S. Additional of Each  City State / Zip  JOSE M. G. P.C. III.  JOSE M.	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATI		SECHETARY OF STATE DIVISION OF POUR PRATIONS  08 OCT 28 PM 1: 04	
2. Principal Office Address - No P.C. Box # 1991 ADE 1775 SW 18 S7  Suite, Apt. #, etc.  3. Mailing Office Address 1 Side Apt. #, etc.  30	1. Corporation Name			00 0C1 29 FM 1. Un	
1/9    N	TROPIC DOORS & WIN	udows, INC.	i.		
City & State    MIRMI   FL	1991 NW 27 AVE 11715 SW 18 St		-4: 11/0-	00137619664 4/08 <b>9888449</b> 7 **300.00	
MIAMI FL	301				
7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  The reinstatement fee is imposed, except the prior notices. By checking this box, your series which the entity did not receive the prior notices. By checking this box, your series and requesting the prior notices. By checking this box, your series and requesting the reinstatement fee be waived.  State Zip Code  FL 33/75  8. I, being appointed the registerial plant of the above naried corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses or Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)	MIAMI FL MIAMI FL		1		
Name Jose M. Garcia  Street Address (P.O. Box Number is Nos Acceptable)  J1715 S.W. /8 57  Suite, Apt. F. Etc.  H 301  City  MIAMI  8. I, being appointed the registered agent of the above nar red corporation, am familiar with and accept the obligations of section 607.0905 or 617.0903, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses or Each Officer and/or Directors  Name of Officers and/or Directors			6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Street Addresses (P.O. Box Number is NoAcceptable)    1715 S.W. 18 S7   Suite, Ant. #, Etc. # 30 I    City   MIA M I   State   Zip Code   FL   33 / 7 S    Signature of   Registered Agent   REGISTERED AGENT MUST SIGN    P. Names and Street Addresses or Each Officer and/or Directors   Street Address or Each Officers and/or Directors   1715 S.W. 18 S.7 #30 I MIA M I   FL   33 / 7 S    Signature of   Registered Agent   Registered Addresses or Each Officer and/or Directors   Street Addresses of Each Officers and/or Directors   Registered Agent   Registered Addresses of Each Officer and/or Director   Registered Agent	7. Name and Address of Current Registered Agent				
Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Officer and/or Director  11715 SW 18 S7 #301 MIAM) F1 3317	Street Address (P.O. Box Number is Not Acceptable)  11715 SW 18 57  Suite, Apt. #, Etc.  #301  City , State Zip Code			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Titles Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Place M. Garcia 11715 Sw 18 57 #301 Miams Fl 3317  13 10 25 0 4	Signature of Registered Agent Date				
Officers and/or Directors  Officer and/or Director  City/State/Zip  Officer and/or Director  City/State/Zip  Officer and/or Director  City/State/Zip  Officer and/or Director  Officer and/or Director  City/State/Zip  Officer and/or Director  Offic	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
3 10/26/04 				City / State / Zip	
	P Jose M. GARCIA	/1715 SW /8	st #301	MIAMI Fl 33175	
			<u> </u>	-08	
		е.			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all feed owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:    CARLIA   D-27-08					