

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 NOV 13 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P08000069247**

1. Corporation Name

**D.L.T. WINDOW AND DOOR Corp.**

2. Principal Office Address - No P.O. Box #

**13260 SW 57**

Suite, Apt. #, etc.

**Building 11, Apt 1**

City & State

**Miami FL**

Zip

**33183**

Country

**USA**

3. Mailing Office Address

**TERR**

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**JORGE DE LA TORRE**

Street Address (P.O. Box Number is Not Acceptable)

**13260 SW 57 TERR**

Suite, Apt. # Etc.

**Building 11, APT 1**

City

**Miami**

State

**FL**

Zip Code

**33183**

**900253812799**  
**11/14/13--01001--009 \*\*1200.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**11-7-13**

**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	City / State / Zip
<b>P</b>	<b>JORGE DE LA TORRE</b>	<b>13260 SW 57 TERR.</b>	<b>Miami FL</b>
		<b>Blg- 11 Apt 1</b>	<b>33183</b>

**REINSTATEMENT 2010-2013**

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 filing 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 fees 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-7-13**

Daytime Phone #

NOVEMBER 7<sup>th</sup> 2013

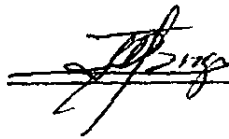
Florida Department of State

Attention:

To whom it may concern:

This is to advise you that the owners of D.L.T. WINDOW AND DOOR CORP  
of Doc # P08000069247 are the same owners of the attached  
articles of Dissolution. We have dissolved the company and have no intention  
of reopening it. Thank you for your help in this matter.

Very sincerely,

A handwritten signature in black ink, appearing to be "J. L. T.", is written over a horizontal line.