

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P20751

1. Entity Name  
COASTAL DOOR & WINDOW, INC.



FILED

04 DEC 13 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5360 COMMERCE BLVD. EAST  
MOBILE, AL 36619 US

Mailing Address  
PO DRAWER 190579  
MOBILE, AL 36619 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004

REIN-P

CR2E098 (6/04)

4. FEI Number  
63-0577149

Applied For  
No: Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAARS, THEO D., III  
221 D. BAYLEN ST.  
PENSACOLA, FL 32501

Name

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

City

FL

Zip Code

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

*Theo D. Baars, III*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-18-04

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MILLER, DAVID W.  
STREET ADDRESS 5360 COMMERCE BLVD. EAST  
CITY-STATE-ZIP MOBILE, AL 36619 ☐ Delete

TITLE ST  
NAME JOHNSON, FAY E.  
STREET ADDRESS 5360 COMMERCE BLVD. EAST  
CITY-STATE-ZIP MOBILE, AL 36619 ☐ Delete

TITLE D  
NAME ANN R. MILLER  
STREET ADDRESS 5360 COMMERCE BLVD. EAST  
CITY-STATE-ZIP MOBILE, AL 36619 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
*BR 12/13*

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04 (251)338-3014

DATE

Daytime Phone #