

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

97 AUG -7 PM 3: 04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075485**
 1. Corporation Name
TZ WINDOW INC

Principal Place of Business Mailing Address
433 Goolsby Blvd SAME
Deerfield Bch FLA
33442-2030

REINSTATEMENT 95-9T

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable SAME		3. New Mailing Office Address, If Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 11-10-1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0445018	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Thomas Zeschke	433 Goolsby Blvd	Deerfield Bch FL 33442
CEO	Kenneth Zeschke	" " "	" " "
V-Pres	Sylvia M Ellison	" " "	" " "
			400002264924--4 -08/12/97--01077--010 ***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

Thomas Zeschke
433 Goolsby Blvd
Deerfield Bch FL 33442-2030

9. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **X [Signature]**
 REGISTERED AGENT MUST SIGN

Date **7/24/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **X [Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas Zeschke

Date **7/24/97**
 Daytime Phone # **(954) 426-2006**

CR2000 (12/96)