

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075485

1. Corporation Name

TZ WINDOW INC

FILED

97 AUG -7 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <u>433 Goolsby Blvd</u> <u>Deerfield Bch FLA</u> <u>33442-2030</u>	Mailing Address <u>SAME</u>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 95-9T

2. New Principal Office Address, If Applicable <u>SAME</u>		3. New Mailing Office Address, If Applicable <u>SAME</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>11-10-1993</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0445018</u>	
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	" " "	" " "
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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 Zip Code  
FL

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 Tom Zeschke  
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 Thomas Zeschke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2000 (12/96)