

BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Randall B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9400004**

1. Corporation Name

Architectural Window & Door Consultants, Inc.

Principal Place of Business

Mailing Address

3476-S.W.--15th-Street,-Deerfield-Beach,-FL

33442

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

2. New Principal Office Address, If Applicable

2564 N.W. 64th Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496-2011

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/8/94

5. FEI Number

65-0499524

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
P/D	Mark Wisner	2564 N.W. 64th Blvd.	Boca Raton, FL 33496

900002871429--4
-05/11/99--01062--006
***1350.00 ***1350.00

REINSTATEMENT 95-99

8. Name and Address of Current Registered Agent

Mark Wisner
2564 N.W. 64th Blvd.
Boca Raton, FL 33496-2011

9. Name and Address of New Registered Agent

Name

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

Mark Wisner

REGISTERED AGENT MUST SIGN

Date

4/27/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Mark Wisner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TU MAY 10 1999

Date

Daytime Phone #

(914)
4/27/99 777-4500