

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000048297**

1. Corporation Name
**WILLIAM EGGELING III PA
DBA WINDOW INSIGHTS**

Principal Place of Business Mailing Address
**1702 SW Mockingbird Dr
Pt St Lucie FL 34986**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		on file	
City & State		City & State		5. FEI Number 65-0527514	
Zip		Zip		Applied For Not Applicable	
Country		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	William Eggeling III	1702 SW Mockingbird Dr	Pt St Lucie FL 34986
REINSTATEMENT 95-99 11 TS			
900002996579--6 -09/24/99--01075--004 ***1350.00 ***1350.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
William Eggeling III 1702 SW Mockingbird Dr Pt St Lucie FL 34986		Name 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: *W. Eggeling* Date: **9/12/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *W. Eggeling III* President Date: **9/12/99** Daytime Phone #: **889-2674**
56/-

CR2E081 (12/98)

FILED
99 SEP 21 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA