

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 18 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12062006 REIN-P CR2E098 (11/05)

DOCUMENT # P95000071112 1. Entity Name DESIGNER WINDOWS & DOORS, INC.									
Principal Place of Business 3573 ENTERPRISE AVE STE 99 NAPLES, FL 34104 US			Mailing Address 2927 HATTERAS WAY NAPLES, FL 34119 US						
2. Principal Place of Business 645 SQUIRE CT Suite, Apt. #, etc. STE 203		3. Mailing Address 600 GOODLETTE RD N Suite, Apt. #, etc. STE 104		4. FEI Number 65-0620141 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
City & State NAPLES, FL		City & State NAPLES, FL							
Zip 34104	Country COLLIER	Zip 34102	Country COLLIER						
6. Name and Address of Current Registered Agent RADTKE, THOMAS J 780 EAST LAKE DRIVE NAPLES, FL 34102									
7. Name and Address of New Registered Agent Name HELEN WATSON Street Address (P.O. Box Number is Not Acceptable) 600 GOODLETTE RD N STE 104 City NAPLES FL Zip Code 34102				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 <u><i>Helen Watson</i></u> 12/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00									
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10. OFFICERS AND DIRECTORS									
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Andrea B. Radtke</i></u> 12/12/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPT RADTKE, THOMAS J <input type="checkbox"/> Delete 2927 HAHERAS WAY NAPLES, FL 34119				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 GOODLETTE RD N STE 104 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SAT RADTKE, ANDREA B <input type="checkbox"/> Delete 2927 HAHERAS WAY NAPLES, FL 34119				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 GOODLETTE RD N STE 104 NAPLES, FL 34102	
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