

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED FILED	
DOCUMENT # P96000002774				99 APR 19 PM 3:27	
1. Corporation Name COMMERCIAL WINDOWS SERVICES, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5301 DELONA ROAD MILTON FL 32583		Mailing Address 5301 DELONA ROAD MILTON FL 32583		REINSTATEMENT 98-99	
If above addresses are incorrect in any way line through incorrect information and enter correction below.				4. Date Incorporated or Qualified To Do Business in Florida 01/04/1996	
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		5. FEI Number 59-3351260	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4000 Hwy 90 Ste G		Applied For Not Applicable	
City & State		City & State Pace, FL		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip		Zip 32571		Country USA	
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		
D	ARBUCKLE, RAYMOND C	5301 DELONA ROAD	MILTON FL 32583		
			9000002859049--6		
			-04/30/99--01118--012		
			****900.00 ****900.00		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
ARBUCKLE, RAYMOND C 5301 DELONA ROAD MILTON FL 32583		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 Raymond Arbuckle		Date 3-1-99			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: Raymond Arbuckle		3-1-99 850-994-2166			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			