


#10034-1

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 # P96000064486			
1. Corporation Name YODER WINDOW & HURRICANE SECURITY COMPANY			
Principal Place of Business 4519 Northgate Court Sarasota, FL 34234		Mailing Address same Suite 101 Sarasota, FL 34234	
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	
Suite, Apt. #, etc. 4519 Northgate Court		Suite, Apt. #, etc. 4519 Northgate Court	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34234	Country US	Zip 34234	Country US
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0686334	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> X		\$4.75 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Shapiro, Gary	4519 Northgate Court	Sarasota, FL 34234
VD	Shapiro, Stacey	4519 Northgate Court	Sarasota, FL 34234
STD	Shapiro, Jeremy	4519 Northgate Court	Sarasota, FL 34234
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Shapiro, Gary 4519 Northgate Court Sarasota, FL 34234		Name Shapiro, Gary Street Address (P.O. Box Number is Not Acceptable) 4519 Northgate Court Suite, Apt. #, Etc. City Sarasota State FL Zip Code 34234	
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.		Date 5/25/99	
Signature of Registered Agent Gary Shapiro		REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		(See other side for information on Intangible tax.)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
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 name 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: 		Gary Shapiro President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/25/99 Daytime Phone # 941/366-6660	