

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027842

1. Corporation Name

VIEW WINDOWS, INC.

Principal Place of Business

15430 SW 158 ST
MIAMI FL 33187

Mailing Address

15430 SW 158 ST
MIAMI FL 33187

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1997

5. FEI Number

65-0745205

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T	RODRIGUEZ, MIGUEL	15430 SW 158 ST	MIAMI FL 33187
S	RODRIGUEZ, ANA M	15430 SW 158 ST	MIAMI FL 33187
V	RODRIGUEZ, MIGUEL JR	15430 SW 158 ST	MIAMI FL 33187

200024189352
10/28/03--01016--017 **150.00

10/31

8. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL
15430 SW 158 ST
MIAMI FL 33187

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Rodriguez
President

Date

10/20/03 (305) 969-1955

Daytime Phone #

CR2E040 (7/03)

October 20, 2003

To: Florida Department of State

From: View Windows Inc
15430 SW 158th Street
Miami, Fl 33187

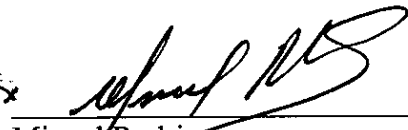
Reference: Annual Report Year 2003, Doc. No P97000027842

I did not send the Annual Report fee of \$150.00 because I never received the corporation Annual Report for the year 2003. I live in a rural zone and my mail often gets lost. I've brought this to the Post Office's attention, but it keeps happening.

Please, I am requesting to be excused and accept my payment of \$150.00 for my corporation. Attached is the check for payment.

Thank you.

Sincerely,



Miguel Rodriguez
President