

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 NOV 13 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000058395**
1. Corporation Name
Sigma Windows & Siding, Inc.

Principal Place of Business
Jacksonville, FL
Mailing Address
**4220 Hood Rd.
Jacksonville, FL 32251**

REINSTATEMENT 98

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 7/2/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3513337	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	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
President	Robert M. Barnes, III	1157 Nesting Eagles Ln	Jacksonville / FL / 32225

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****750.00 ****750.00

M. Barnes

8. Name and Address of Current Registered Agent

~~Barry J. Fuller
2301 Park Ave.
Suite 404
Orange Park, FL 32073~~

9. Name and Address of New Registered Agent

Name **Robert M. Barnes III**
Street Address (P.O. Box Number is Not Acceptable)
1157 Nesting Eagles Ln
Suite, Apt. #, Etc.
City **Jacksonville** State **FL** Zip Code **32225**

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 *Robert M. Barnes III* Date **11/12/98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *Robert M. Barnes III* **Robert M. Barnes III** **10/30/98** **904-219-2830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (1/98)