

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 NOV 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000013320**

1. Corporation Name

AIKEN GARAGE DOORS, INC.

Principal Place of Business

10099 N.W. 89TH AVE., BAY #7
MEDLEY FL 33178

Mailing Address

10099 N.W. 89TH AVE., BAY #7
MEDLEY FL 33178

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

2. New Principal Office Address, If Applicable

16360 N.W. 91 COURT

Suite, Apt. #, etc.

City & State
Miami Lakes, Florida

Zip 33018 Country MI

3. New Mailing Office Address, If Applicable

16360 N.W. 91 COURT

Suite, Apt. #, etc.

City & State
Miami Lakes, Florida

Zip 33018 Country Miami - Dade

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1998

5. FEI Number

65-0811366

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
D	CANALES, ORLANDO M	10099 N.W. 89TH AVE., BAY #7	MEDLEY FL 33178
PVST	CANALES, ORLANDO M	10099 N.W. 89TH AVE., BAY #7	MEDLEY FL 33178
PVST	Canales, Orlando M	16360 N.W. 91 COURT Miami Lakes, FL 33018	Miami Lakes, FL 33018

000024895730
11/20/03--01083--019 **750.00

8. Name and Address of Current Registered Agent

CANALES, ORLANDO M
10099 N.W. 89TH AVE., BAY #7
MEDLEY FL 33178

9. Name and Address of New Registered Agent

Name
Orlando M. Canales
Street Address (P.O. Box Number is Not Acceptable)
16360 N.W. 91 COURT
Suite, Apt. #, Etc.

City
Miami Lakes, Florida State
FL Zip Code
33018

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

REGISTERED AGENT MUST SIGN

Date 11/18/03

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:

Orlando M. Canales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03
Date

325-698-2111
Daytime Phone #

CR2ED40 (7/03)