

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063014

1. Corporation Name

D & D WINDOW AND DOOR INC.

2. Principal Office Address

1981 N.W. 21st ST

3. Mailing Office Address

1981 N.W. 21st ST.

Suite, Apt. #, etc.

BAY #4

Suite, Apt. #, etc.

BAY #4

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

BROWARD

Zip

33069

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

1998-1999

5. FEI Number

650859976

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOANN KOLIFRATH

Street Address (P.O. Box Number is Not Acceptable)

3519 CORAL SPRINGS DR

Suite, Apt. #, Etc.

City

CORAL SPRINGS,

State

FL

Zip Code

33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Joann Kolifrath

REGISTERED AGENT MUST SIGN

Date

5/18/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOANN KOLIFRATH	3519 CORAL SPRINGS DR	CORAL SPRINGS, FL 33069
T	JOANN KOLIFRATH	3519 CORAL SPRINGS DR	CORAL SPRINGS, FL 33069
S	MELISSA HERNANDEZ	5201 ISLAND CLUB DR	TAMARAC, FL 33319
D	NAPOLEON HERNANDEZ	5201 ISLAND CLUB DR	TAMARAC, FL 33319
D	JESSE LEBRECHT	10120 N.W. 36st ST #1	CORAL SPRINGS, FL 33069
D	JOSE HERNANDEZ	4111 S.W. 25st ST #1	FT. LAUDERDALE, FL 33319

10. 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:

Joann Kolifrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04

Date

754-245-5739

Daytime Phone #

REINSTATEMENT 99-04

FILED

04 JUN -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (01/04)