

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W95000042458

**FILED**

05 SEP 29 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000070620*

**1. Corporation Name**

*AT Windows & Doors, Inc.  
1051 SW 189th Avenue  
Pembroke Pines, FL 33029*

**2. Principal Office Address**

*1051 SW 189th Ave*

**3. Mailing Office Address**

*1051 SW 189th Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Pembroke Pines, FL*

City & State

*Pembroke Pines, FL*

Zip

*33029*

Country

*USA*

Zip

*33029*

Country

*USA*

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

**5. FEI Number**

*65-0859704*

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

300060710283  
10/18/05--01029--007 \*\*18.75

*2003-2005 Rei.*  
CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

*Dunn, Gay L*

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

*1051 SW 189th Ave*

Suite, Apt. #, Etc.

City

*Pembroke Pines*

State

*FL*

Zip Code

*33029*

**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

*Dunn, Gay L*  
REGISTERED AGENT MUST SIGN

Date *09/06/05*

**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
<i>P</i>	<i>Dunn, Gay L</i>	<i>1051 SW 189th Ave P. Pines, FL 33029</i>	<i>Pembroke Pines, FL 33029</i>
<i>VP</i>	<i>Dunn, Alfonso</i>	<i>11 11</i>	<i>Pembroke Pines, FL 33029</i>

**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:

*Dunn, Gay L*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*09/06/05*

Daytime Phone #

*786-251-0919*

2/2

September 06, 2005

Division of Corporation  
Uniform Business Report Filing  
P O Box 1500  
Tallahassee, Fl 32302-1500

Ref: P 98000070620

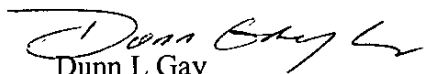
This is to let you know that I was astonished to see that the above corporation was inactive when I check in the internet. I immediately made a research and discovered that the appropriate notice of renewal was not received not even the card to notify me. We had to change address because we were affected by both hurricanes. The old address was 16220 nw 27<sup>th</sup> ave, Opa Locka, Fl 33023.. We are still struggling to get the business running.

I am herewith asking you to please remove the penalties me. I have taken the necessary steps to prevent this from happening again.

Enclosed is a check in the amount of \$431.25 to cover the additional fees (\$150 x 2) + (61.25x2) + 8.75 for certificate of status.

I am thanking you in advance for your understanding.

Sincerely,

  
Dunn L. Gay  
President