

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/k

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W9500002458

FILED

05 SEP 29 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P980000 70620*

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

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

2003-2005 Reinst.
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>

AM 9/19

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

v/c

September 06, 2005

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

Ref: P 98000070620

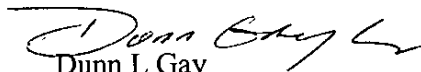
This is to let you know that I was astonished to see that the above corporation was inactive when I check in the internet. I immediately made a research and discovered that the appropriate notice of renewal was not received not even the card to notify me. We had to change address because we were affected by both hurricanes. The old address was 16220 nw 27th 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