

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -9 AM 9:35

DOCUMENT # P98000097660

1. Corporation Name

American Heritage Window  
Fashions, Inc.

2. Principal Office Address

3650 Shaw Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

3650 Shaw Blvd

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34117

Country

US

City & State

Naples FL

Zip

34117

Country

US

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650894222

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

Ken McCulloch

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

3650 Shaw Blvd

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

300004638983--6

-10/17/01--01010--006

\*\*\*150.00 \*\*\*150.00

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

*Ken McCulloch*

REGISTERED AGENT MUST SIGN

Date

OCT 3/01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ken McCulloch	3650 Shaw Blvd	Naples FL 34117
D	Louise McCulloch	3650 Shaw Blvd	Naples FL 34117

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 3/01 941-643-5404

Daytime Phone #

CR2001 (9/00)



3650 Shaw Boulevard  
Naples FL 34117

Phone  
Fax

(941) 643-5404  
(941) 643-5931

September 23, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Due to a change of address by our corporation after October of 2000 we failed to receive our UPR report. We are submitting a corporation reinstatement form and check to rectify our administrative dissolution status. If you have any questions please feel free to contact me at the following number (941) 643-5404.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Ken McCulloch', written in dark ink.

Kenneth R. McCulloch  
President / Director  
American Heritage Window Fashions, Inc.