

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV -1 PM 5:55

DOCUMENT # **P99000029136**
 1. Corporation Name
DEL WINDOWS, INC.

Principal Place of Business Mailing Address
 8822 15TH LANE NORTH 8822 15TH LANE NORTH
 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702



If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **03/30/1999**
 5. FEI Number **59-3592232** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SPD	LIKENS, DEL	8822 15TH LANE NORTH	ST. PETERSBURG FL 33702

09-28-00 90003 640 \$550.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent
LIKENS, CHRISTOPHER A
 1800 2ND STREET #919
 SARASOTA FL 34236

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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.
 Signature of Registered Agent *[Handwritten Signature]* Date **10/15/00**
 REGISTERED AGENT MUST SIGN

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: *[Handwritten Signature]* **CHRISTOPHER A LIKENS** 28 OCT 2000 727 4221913
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)



Del Likens Windows

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License No. C-7764
8822 15th Lane North
St. Petersburg, Florida 33702
Office: (727) 526-3723
Fax: (727) 576-1492

TO WHOM IT MAY CONCERN

I SPOKE WITH A REP OF THE STATE
ON TUE 24 OCT AND WAS TOLD TO SEND MY
FEIN.

I SENT MY PAPER WORK IN JULY WITH
CHECK FOR \$650⁰⁰

SHE SAID THE STATE SENT ME A FORM IN
AUGUST REQUESTING MY FEIN. I DID NOT
RECIUE THIS FORM.

I'M ASKING YOU TO REINSTATE MY CORP.
AND WAIVE ANY OTHER LATE CHARGES

THANK YOU

DEL LIKENS

PRES
DEL WINDOWS INC