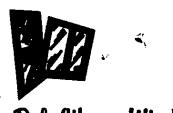
-		PLEASE READ	ALL INST	RUCTIO	ONS BE	EFORE C	OMPLETI	NG THIS FORM.		
APF REIN	PLICAT FOR STATE		FLORIDA		TMENT ne Harri y of State	OF STATE <b>s</b> e	[			
DOCUMENT # P99000029136							FILED " VISION OF CORPORATION!"			
1. Corporation Name  DEL WINDOWS, INC.							00 NOV -1 PM 5: 55			
DEL W	MOOM	75, INC.								
Principal Place of Business Mailing Address					ss			II. IIIII 1414 IIIII EUNI AURI 4411 4	OPO TOPOT SCORE INTO CONTINUO	
				122 15TH LANE NORTH T. PETERSBURG FL 33702						
	incorrect in any way, line thro Address, If Applicable	formation and enter correction below.  ng Office Address, If Applicable 4			Date Incorporated or Qualified     To Do Business in Florida					
Suite, Apt. #, etc. Suite, A				ite, Apt. #, etc.			5. FEI Number	0	3/30/1999 Applied For	
City & State			City & State					59223Z	Not Applicable	
Zip		Country	Zip		Country				75 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Officers Street Address of Each Officers Street Address of Each Officers Street Address of Each Officer							h			
Title(s)	Title(s) and/or Directors			Officer and/or Director				City / State / Zip		
SPD	D LIKENS, DEL			8822 15TH LANE NORTH				ST. PETERSBURG FL 33702		
							09-2	09-28-00 90003 640 \$550 W		
					<u></u>	<u></u>		10	1015	
,								D	·	
8. Name and Address of Current Registered Agent  Name							9. Name and Address of New Registered Agent			
							is (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236					Suite, Apt. #, Etc.				8	
					С	ity		State FL		
10. I, being Signature o Registered	· /	e registered agent of the abo	GISTERUD AG		1 (1) p 11 12 (1) j	nd accept the of	bligations of Secti	on 607.0505, F.S. Date	هـو	
this rein owed by	statement ap  the corporat	officer or director or the receive plication, the reason for disso ion have been paid and the retrue and accurate, and mysig	lution has been ames of individ	eliminated, th uals listed on	ne corporate this form do	name satisfies on not qualify for	the requirements an exemption und	of section 607.0401 or 617.0	401, F.S., that all fees	
			911						l	

727 4221913 Daytime Phone #

28 0072000

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





## Del Likens Windows

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

Fax: (727) 576-1492

TO WHOM IT MAT CONCERN

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

FEIN .

I SENT MY PAPER WORK IN JULT WITH

CHICK FOR 6500

SHE SAID THE STATE SENT ME A FORM IN

AUBUST REQUESTING MY FOIN. I DIANOT

RECIEUE THIS HOPM.

I'M ACKING YOU TO REINSTATE MY CORP.

AND WAVE ANY OTHER LATE CHARGES

THANK YOU

DEC ZIKENS