

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 99000077835*

1. Corporation Name

T. J. Davis Windows, Inc.

2. Principal Office Address

1848 Aragon Avenue

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33460

Country

United States

3. Mailing Office Address

1848 Aragon Avenue

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
04 JUN 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01 - 34

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/1999

5. FEI Number

65-0951383

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

Thomas J. Davis

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

2663 Meadow Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

500038021345

*06/16/04--01060--010 **1201.00*

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

T. J. Davis

Date

6/14/04

REGISTERED AGENT MUST SIGN

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>Davis, Thomas J</i>	<i>2663 Meadow Road</i>	<i>West Palm Beach, FL 33406</i>
<i>VP</i>	<i>Davis, Anne E.</i>	<i>2663 Meadow Road</i>	<i>West Palm Beach, FL 33406</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:

T. J. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04

Date

561-586-5040

Daytime Phone #

CR2001 (01/04)