

FILED

04 FEB 21 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA9000082604**

1. Corporation Name

WE DO WINDOWS AND HOME REPAIR SERVICES INC.

000029256670
02/23/04--01074--021 **450.00

2. Principal Office Address

117 E LEE RD.

3. Mailing Office Address

117 E LEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FLA.

City & State

DELRAY BEACH FLA.

Zip

33445

Country

USA

Zip

33445

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified:
To Do Business in Florida

1999

5. FEI Number

65-0959174

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

DAVID T ORFINGER

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

117 E LEE RD.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33445

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-14-04

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
PRES	DAVID T ORFINGER	117 E LEE RD	DELRAY BEACH FLA 33445

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

2-14-04

Date

(954) 695-0252

Daytime Phone #

CR2E081 (10/02)

2-19-04

TO WHOM IT MAY CONCERN:

I RECENTLY FOUND OUT THAT MY CORPORATION

"WE DO WINDOWS AND HOME REPAIR SERVICES INC." HAD
BECOME INACTIVE. I HAD NEVER RECEIVED A BILL OR

NOTICE (OR ANY OTHER PAPERWORK) FOR THE \$150 FEES.

TO KEEP THIS CORP ACTIVE. I CALLED YOUR OFFICE
AND WAS TOLD THAT IF I SEND MY THREE YEARS BACK
FEE'S THAT I COULD BE REINSTATED. IF I HAD RECEIVED

THE BILLS I SURELY WOULD HAVE SENT THE AMOUNT
DUE TO KEEP THIS CORP. ACTIVE. I ALWAYS ~~THOUGHT~~
THAT MY ACCOUNTANT COVER THAT FEE WHEN HE PREPARED
MY CORP TAXES. I HOPE THAT I GOT THE CORRECT

INFORMATION ON THIS WHEN I CALLED. I AM
ENCLOSING A CHECK FOR \$450⁰⁰ TO COVER 2002, 2003, 2004.

ALSO HOW WILL I KNOW WHEN THIS CORP IS REACTIVATED?
CAN I BE NOTIFIED? IF SO I CAN BE NOTIFIED AT (954) 695-0252
THE CORRECT ADDRESS FOR THE CORP IS

WE DO WINDOWS AND HOME REPAIRS INC.

117 E LEE RD

DELRAY BEACH FLA 33445

THANK YOU

DANIEL REYNOLDS