

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JUN -4 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000085119**

1. Corporation Name

**OVERHEAD Door And window Company, INC.**

000005822390--0  
-06/18/02--01072--022  
\*\*\*\*\*450.00 \*\*\*\*\*450.00

2. Principal Office Address

**825 W 9 mile Rd**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PENSACOLA**

City & State

**Florida**

Zip

**32534**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**Sept 27, 99**

5. FEI Number

**59-3622204**

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

**AMER M. TAHA**

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

**4001 Stefani Rd**

Suite, Apt. #, Etc.

City

**Cantonment**

State

**FL**

Zip Code

**32533**

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

**AMER M. TAHA**  
REGISTERED AGENT MUST SIGN

Date

**5/13/02**

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
President	AMER M. TAHA	4001 Stefani Rd	Cantonment, FL 32533
		351.25 - AR	
		10.00 - ARARTS	
		88.75 - ARSUPP	

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

**4/10/02**

Daytime Phone #

**850-474-9466**

CR2E081 (9/01)

Attachment  
Document #  
P49000085119

**OVERHEAD DOORS & WINDOW CO. INC**  
**825 W. 9 MILE RD. PENSACOLA, FL, 32534**  
Tel : (850) 969-9010 – Fax (850) 474-1708

**To: Florida Department Of State**

**FM : Overhead Doors & window .**

**Dear Sirs,**

**Please be advised that our address has changed sine Oct, 99. That's why we never received our renewal notice.**

**Thanking You,**

  
**Amer Taha**