

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

gjelz

00 DEC 14 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

UBT

DOCUMENT # **P99000092238**

1. Corporation Name

WINDSTORM SHUTTERS, INC.

Principal Place of Business

Mailing Address

17317 SW 142ND COURT
MIAMI FL 33177

17317 SW 142ND COURT
MIAMI FL 33177



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0960857

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DAVID ASTUDILLO	13260SW 140street	Miami, FL 33186

700003526287--5
-01/08/01--01010--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASTUDILLO, DAVID

17317-SW-142ND COURT

MIAMI FL 33177

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

SIGNATURE REQUIRED

Date

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/00

Date

(305) 969 1862

Daytime Phone #

CR 12040 (8/00)

Journal & Association Inc.
6854 N. Flagler St
Miami, FL 33144

12/11/00

Document # P49000092238

Division of Corporations
Annual Report / Renewal Section
PO. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern

Our client "Frederick Sutter" FEIN # 650960857.

Said this was the first notice he received for
Renewal of the Corporation.

Claims it was mailed to his old address where he had
moved from.

Relocated at 17317 S.W. 142nd Ct
Miami, FL 33177

Sincerely
Barry J. Gandy

(305) 266-4151-1413