PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25109

1. Corporation Name
TWIN WINDOWS CORP.

Principal Place of Business	Mailing Address
14950 OLD ROUTH 41 NAPLES FL 33963	14950 OLD ROUTH 41 NAPLES FL 33963

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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
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc. Suite 6
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 01/15/1991

5. FEI Number: 52-1717660 — Applied For / Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VTS	REPAR, LAWRENCE	14950 OLD ROUTE 41	NAPLES FL
PD	MURPHY, BRIAN	14950 OLD ROUTE 41	NAPLES FL
DVP	WOOLNOUGH, MARK	14950 OLD ROUTE 41	NAPLES FL
V	NOBLE, ED	14950 OLD ROUTE 41	NAPLES FL
			000002235 -11/19/97- ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BODAH, MICHAEL J CPA
4099 TAMIAMI TRAIL N
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name: Wood, Ronald A. CPA
Street Address (P.O. Box Number is Not Acceptable): 4099 Tamiami Trail N
Suite, Apt. #, Etc.: Suite 400
City: Naples State: FL Zip Code: 34103-3599

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] CPA — REGISTERED AGENT MUST SIGN — Date 11-14-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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] LAWRENCE REPAR — Nov 12/97 — 905-891-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)