

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 12 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S2S109**

1. Corporation Name

TWIN WINDOWS CORP.

REINSTATEMENT 02-03

2. Principal Office Address

1401 A RAILHEAD BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

1401 A RAILHEAD BLVD

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34110

Country

USA

City & State

NAPLES FL

Zip

34110

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

400018807294
05/12/03--01070--024 **908.75

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. Name and Address of Current Registered Agent

Name

MICHAEL J. BODAH, CPA

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

771 ANDERSON DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34103

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

5/8/03

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
VTS	LARRY REPAR	1401 A RAILHEAD BLVD	NAPLES, FL 34110
PD	BRIAN MURPHY	1401 A RAILHEAD BLVD	NAPLES, FL 34110
DVP	MARK WOOLNOUGH	1401 A RAILHEAD BLVD	NAPLES, FL 34110
V	ED NOBLE	1401 A RAILHEAD BLVD	NAPLES, FL 34110

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY-08-03

Date

Daytime Phone #

CR2E081 (10/02)