

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S47385

1. Entity Name
WINDOW SALES PLUS, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 15 AM 10:33

Principal Place of Business
**805 W. HILLSBOROUGH AVENUE
TAMPA, FL 33603-1307 US**

Mailing Address
**805 W. HILLSBOROUGH AVENUE
TAMPA, FL 33603-1307 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

12032008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
59-3063476

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPRINGER, DEAN
1401 POPE ST.
LUTZ, FL 33549**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DEAN SPRINGER V.Pres 12-3-08 513-238-8837

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TP SPRINGER, DAN 123 WHITAKER RD. LUTZ, FL 33549 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SV SPRINGER, DEAN 1401 POPE ST. LUTZ, FL 33549 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
100139026211 12/15/08--01064--009 **150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEAN SPRINGER V.Pres 12-3-08 513-238-8837

REINSTATEMENT 2008 KS