


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000123245 1. Entity Name STAINLESS DOORS, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV 15 AM 8:30		
Principal Place of Business 5023 W. 120TH AVE. #273 BROOMFIELD, CO 80020				Mailing Address 5023 W. 120TH AVE. #273 BROOMFIELD, CO 80020				
2. Principal Place of Business 1075 HIALEAH DRIVE Suite, Apt. #, etc.				3. Mailing Address 1075 HIALEAH DRIVE Suite, Apt. #, etc.				
City & State HIALEAH, FL Zip 33010				City & State HIALEAH, FL Zip 33010				
Country USA				Country USA				
4. FEI Number 16-1640718				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent ROTH, JEFFREY C 1500 SAN REMO AVENUE SUITE 176 CORAL GABLES, FL 33146				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSEN, KIM C/O 1500 SAN REMO AVENUE #176 CORAL GABLES, FL 33146			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D DORTA, DAVID C/O 1500 SAN REMO AVE # 176 CORAL GABLES, FL 33146		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								
DAVID DORTA - PRESIDENT								
305-883-2194 <small>Daytime Phone #</small>								