


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000059167

1. Corporation Name  
**A-1 SHUTTERS & DOORS, INC.**

2. Principal Office Address <b>1926 N.E. 147th TERRACE</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NORTH MIAMI, FL</b>		City & State	
Zip <b>33181</b>	Country <b>USA</b>	Zip	Country

**FILED**  
06 FEB 13 PM 3:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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02/17/06--01018--025 \*\*450.00

**REINSTATEMENT** (CR 2E081 205)

4. Date Incorporated or Qualified To Do Business in Florida **AUGUST 1994**

5. FEI Number **65-0512440** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CHRISTOPHER B. BURKE**

Street Address (P.O. Box Number is Not Acceptable)  
**1926 N.E. 147th TERRACE**

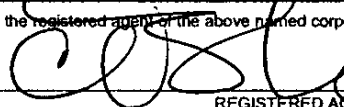
Suite, Apt. #, Etc.

City  
**NORTH MIAMI, FL**

State  
**FL**

Zip Code  
**33181**

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.

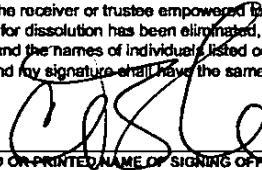
Signature of Registered Agent  Date **1-9-2006**

REGISTERED AGENT MUST SIGN

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
PD	CHRISTOPHER B. BURKE	1926 N.E. 147th TERRACE	NORTH MIAMI, FL 33181
VP	RONALD COOK	1926 N.E. 147th TERRACE	NORTH MIAMI, FL 33181

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 contained in Chapter 119, 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:  Date **1-9-2006** Daytime Phone # **305-947-5385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell FEB 14 2006

2082

**A-1 SHUTTERS & DOORS, INC.**  
**1942 N.E. 147<sup>th</sup> TERRACE.**  
**NORTH MIAMI, FL 33181**  
**(305) 947-5385**

January 9, 2006

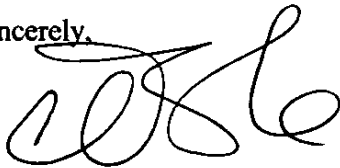
Department of State  
Division of Corporations

To Whom It May Concern:

I was recently made aware of the fact that my corporation was "Administratively Dissolved for not filing the Annual Report". We had changed our business address in 2003 and did not receive the Annual Report Renewal Notice.

I would greatly appreciate if you would waive the Reinstatement Fee.  
Please don't hesitate to call me directly with any questions.

Sincerely,



Christopher B. Burke  
President