

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

98 APR 20 AM 8:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000083376**

1. Corporation Name

DOOR SPECIALTIES UNLIMITED, INC.

Principal Place of Business

470 LAKE JULIANA DRIVE
 AUBURNDALE FL 33823

Mailing Address

470 LAKE JULIANA DRIVE
 AUBURNDALE FL 33823

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida

10/07/1996

5. FEI Number

59-3404646

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	MATTHEW SMURR	114 E. LAKE AVENUE SUITE #3	AUBURNDALE, FL 33823
SECRETARY	TRINA SMURR	114 E. LAKE AVENUE SUITE #3	AUBURNDALE, FL 33823
			100002498701--7 -04/23/98--01128--017 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

MACCONNELL, GEORGE T
 513 W. CENTRAL AVENUE
 WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name **MAC CONNELL, GEORGE**
 Street Address (P.O. Box Number is Not Acceptable)
316 HAMILTON STARS DRIVE
 Suite, Apt. #, Etc.
 City **WINTER HAVEN** State **FL** Zip Code **33881**

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]

REGISTERED AGENT MUST SIGN

Date

1/17/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] President

Date

1/17/98

Daytime Phone #

CR2E040 (8/97)