


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS 1999		99 MAR 31 PM 12:35 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P97000083421</b>					
1. Corporation Name <b>AMERIDOOORS CORP</b>					
Mailing Address <b>6997 West 29 Ave, No. 105</b> <b>Hialeah, Fl 33018</b>		Principal Place of Business <b>Same</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable <b>Same as above</b>		3. New Principal Office Address, If Applicable <b>Same as above</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>Sept 26, 1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0798728</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED [ <input checked="" type="checkbox"/> ]	
<b>\$8.75 Additional Fee required for a Certificate of Status</b>					
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		
P.T.D.	Domingo Lopez	6997 West 29 Ave, No. 105	Hialeah, Fl 33018		
8. Name and Address of Current Registered Agent <b>Domingo Lopez</b> <b>6997 West 29 Ave, No. 105</b> <b>Hialeah, Fl 33018</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code		
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 <input checked="" type="checkbox"/> <i>[Signature]</i> Date <b>Mar 25, 1999</b> REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <input checked="" type="checkbox"/> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Mar 25, 1999 Date Daytime Phone #		

**REINSTATEMENT** 98.99  
 DO NOT WRITE IN THIS SPACE  
 200002832322-6  
 -04/07/99-01079-009  
 \*\*\*\*900.00 \*\*\*\*900.00

CR2E040 (6/94)