


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # F00000007273 | |  |
| 1. Entity Name NATIONAL FIXTURE INSTALLATIONS, INC. | | |

FILED
04 NOV -9 PM 2: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 601 NORTH EIGHTH STREET NILES, MI 49120 | Mailing Address 601 NORTH EIGHTH STREET NILES, MI 49120 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



10262004 REIN-P CR2E098 (6/04)

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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| 8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE: <i>Barbara A. Burke</i> Signature, typed or printed name of registered agent and title if applicable. | DATE: 11-30-04 (NOTE: Registered Agent signature required when reinstating) |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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|----------------------------|------------------------|--|--|---|-------------------------------|--|--|
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | PCD | <input type="checkbox"/> Delete | | TITLE | CHAIRMAN | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROBINSON, WAYNE W | | | NAME | ROBINSON, WAYNE W. | | |
| STREET ADDRESS | 153567 WENTWORTH COURT | | | STREET ADDRESS | 817 BLOSSOM HEATH | | |
| CITY-ST-ZIP | GRANGER, IN 46530 | | | CITY-ST-ZIP | KETTERING, OHIO 45419 | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STEWART, BONITA | | | NAME | 900042607183 | | |
| STREET ADDRESS | 601 N. EIGHTH STREET | | | STREET ADDRESS | 11/09/04--01072--013 **150.00 | | |
| CITY-ST-ZIP | NILES, MI 49120 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEECH, ROBERT F | | | NAME | <i>Dr. Miller</i> | | |
| STREET ADDRESS | 4504 CHATAHOOCHEE WAY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MARIETTA, GA 30067 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | CEO | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | FORDHAM, DONALD P | | | NAME | LOUETT, DARYLE A. | | |
| STREET ADDRESS | 10559 DE-LO-ME LANE | | | STREET ADDRESS | 4202 PARKWOOD CIRCLE | | |
| CITY-ST-ZIP | PLYMOUTH, IN 46563 | | | CITY-ST-ZIP | MISHAWAKA, IN 46545 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | VP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | NAME | OLSON, DAVID S. | | |
| STREET ADDRESS | | | | STREET ADDRESS | 50601 EAST WEEPING WILLOW RUN | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | GRANGER, IN 46530 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | VP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | NAME | TAPIA, EDWARD D. | | |
| STREET ADDRESS | | | | STREET ADDRESS | 52165 FAIARA COURT; Apt B | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | SOUTH BEND, IN 46637 | | |

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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: <i>Bonnie Stewart</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | BONNIE STEWART CFO | 10/29/04 Date | 269-6830311 Daytime Phone # |