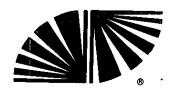
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
APPOSATION FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS							; ~14	(0)	
DOCUMENT # F0100003829 1. Corporation Name CAROLINA DOOR CONTROLS, INC.						O2 NOV -5 AM 9: 08 SECRETARY OF STATE TALLAHASSEE, FLORID*			
3424 INDUSTRIAL DRIVE P.O. I			P.O. BOX 15	Aailing Address P.O. BOX 15639 DURHAM NC 27704					
l l				h incorrect information and enter correction below. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		Date Incorp To Do Busin	orated or Qualified ness in Florida	07/19/2001	
City & State			City & State			5. FEI Number			
Zip	Zip Country		Zip C		ntry .			\$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)									
Title(s)	Name of Officers and/or Directors				Street Address of Eacl Officer and/or Directo		City / State / Zip		
PD	MCLEROY, DAVID L			3424 INDUSTRIAL DRIVE			DURHAM NC 27704		
VST	WILKINS, ERNEST R			3424 INDUSTRIAL DRIVE			DURHAM NC 27704		
CD	MCLEROY, GERALD D			3424 INDUSTRIAL DRIVE			DURHAM NC 27704		
С	Cahill, George			3424 Industrial Dr.			Duhan.	The 27704	
						11/05/	000881 0201030	2476 05 **150.00	
8. Name and Address of Current Registered Agent						9. Name and	Address of New Regis	tered Agent	
Name								(8/02)	
1200 SOUTH PINE ISLAND ROAD						O. Box Number is Not Acceptable)			
PLANTATION FL 33324 Suite, Apt.					Suite, Apt. #, Etc	#, Etc.			
City						State 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. or 617.0505, F.S.									
Signature of Registered Agent SIGNATURE REGISTERED AGENT MUST SIGN									
11. 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 filling 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 pald 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #



CARÓLINA DOOR CONTROLS, INC.

October 25, 2002

Division of Corporations Reinstatement Section PO Box 6327 Tallahassee, Fl 32314-6327

Dear Madam/Sir:

This is a notification to inform you that we never received the first notices sent to us. I went back through everything to double check that just hadn't been overlooked and we have nothing on this.

Thanks so much.

Sincerely,

Trish A Towner Administrative Asst.