

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT #FO2000001326		
1. Corporation Name ALL KEYS GLASS, INC.		

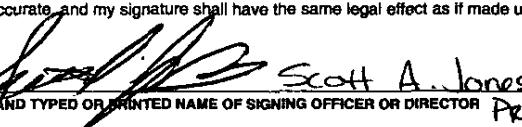
2. Principal Office Address 9121 Overseas Hwy Suite, Apt. #, etc.	3. Mailing Office Address 5409 Overseas Hwy Suite, Apt. #, etc. PmB # 361
City & State Marathon, FL Zip 33050	City & State Marathon, FL Zip 33050
Country USA	Country US

4. Date Incorporated or Qualified To Do Business in Florida 3/11/2002	
5. FEI Number 38-3304063	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Thomas D. Wright			
Street Address (P.O. Box Number is Not Acceptable) 9711 Overseas Hwy			
Suite, Apt. #, Etc.			
City Marathon		State FL	Zip Code 33050

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 Thomas D. Wright		Date 3/31/04	
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 C.P. V.T.S		Name of Officers and/or Directors Scott A. Jones	
		Street Address of Each Officer and/or Director 9121 Overseas Hwy	
		City / State / Zip Marathon, FL 33050	
		900032015499	
		04/06/04-01066-009 **900.00	

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 under section 119.07(3)(l), 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:  Scott A. Jones 3/31/04 305-743-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES Date Daytime Phone #