
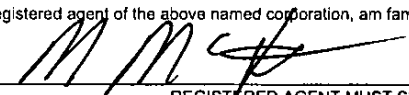
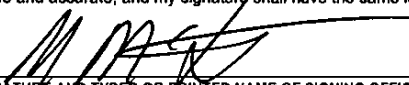


PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # J00082					
1. Corporation Name  Classic Screen Enclosures, Inc.					
2. Principal Office Address 5924 Cheswood Ct. Suite, Apt. #, etc. City & State Orlando, FL Zip 32817		3. Mailing Office Address 5924 Cheswood Ct. Suite, Apt. #, etc. City & State Orlando, FL Zip 32817		4. Date Incorporated or Qualified To Do Business in Florida 2/19/86 5. FEI Number 592792436 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 Michael P McIntyre Street Address (P.O. Box Number is Not Acceptable) 5924 Cheswood Ct. Suite, Apt. #, Etc. City Orlando State FL Zip Code 32817					
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 (X)  Date (X) 9-7-05 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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Michael P. McIntyre	5924 Cheswood Ct.		Orlando, FL 32817	
VP	Debbie McIntyre	5924 Cheswood Ct.		Orlando, FL 32817	
500061486425 11/18/05--01050--018 **1365.00					
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)(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 (X) 		Date (X) 9-7-05		Daytime Phone # 407-671-2624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

*Stoughton Accounting, Inc.*

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1488 Seminola Blvd.  
Casselberry, FL 32707  
407-695-4233  
407-695-1880 FAX

September 7, 2005

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Classic Screen Enclosures, Inc.  
Document #J00082  
FEIN #59-2792436

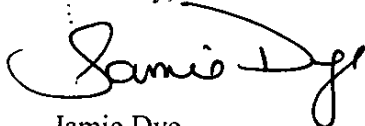
Dear Sir/Madam:

Attached please find the application for reinstatement on the above reference Florida Corporation along with a check in the amount of \$1,365.00. As per Kathy in the reinstatement department, the \$600.00 reinstatement fee will be waived due to the annual notices being returned through the postal system. Classic Screen Enclosures, Inc. was administratively dissolved for non payment of annual renewal in September 1997. The registered agent at that time did not forward any documentation to Classic Screen Enclosures. As a result, they were unaware of the annual renewal fee and did not discover that they were not a valid corporation until July 2004.

In July 2004 they retained an attorney to assist them with this matter. However, the attorney created a new corporation, Document #P04000106897, under the same name in error. The client wished to retain the original corporation and federal identification number. Articles of Voluntary Dissolution have been prepared and are included with this correspondence and the client has no intent to revoke this voluntary dissolution.

Please process this reinstatement as soon as possible. If you have any questions, please feel free to contact me at 407-695-4233.

Sincerely,



Jamie Dye  
Stoughton Accounting, Inc.