

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 99 MAY -3 AM 5:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 11186

1. Corporation Name B & K FRAME & TRIM, INC.

Principal Place of Business 2646 SARNO RD. MELBOURNE, FL. 32935 Mailing Address SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 8/24/89 5. FEIN Number 59-2965733 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City, State, Zip. Entry for ROBERT L. MILLER at 2646 SARNO RD. MELBOURNE, FL. 32935.

REINSTATEMENT 95-99 TS 5/17/99

8. Name and Address of Current Registered Agent

ROBERT L. MILLER 2646 SARNO RD. MELBOURNE, FL. 32935

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Applicable) State, Apt. #, Etc. City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.01(2), F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date April 28, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [X] No []

(See other side for information on intangible tax.)

12. 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 declare solemnly that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporation meets all the requirements of sections 607.01(1) or 617.01(1), F.S. that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 11.001(2)(c), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert L. Miller SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 Date 407-254-3549

CPD Form 1070b