

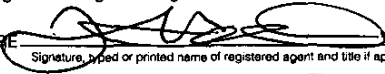
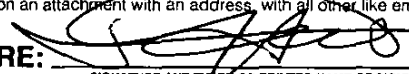


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # L22746</b> 1. Entity Name <b>SHEA'S AUTO GLASS, INC.</b>						<b>FILED</b> <b>05 JUN 24 PM 12:51</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1313 NW 4TH PLACE</b> <b>GAINESVILLE, FL 32603-1976</b>				Mailing Address <b>1313 NW 4TH PLACE</b> <b>GAINESVILLE, FL 32603-1976</b>			
2. Principal Place of Business		3. Mailing Address				06082005    REIN-P    CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>59-3017237</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HALL, IRWIN</b> <b>703 NORTH MAIN STREET</b> <b>SUITE A</b> <b>GAINESVILLE, FL 32601</b>				Name <b>IRWIN HALL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1313 NW 4 PLACE</b> City <b>GAINESVILLE</b> FL    Zip Code <b>32603</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>6/22/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, IRWIN</b> <b>1313 NW 4TH PLACE</b> <b>GAINESVILLE, FL</b>			100056505301 06/24/05--01026--005    ***330.90			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HALL, ESTELLE R.</b> <b>1313 NW 4TH PLACE</b> <b>GAINESVILLE, FL</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>6/22/06</b> Daytime Phone # <b>352-372-4353</b>			