PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800034192338
04/28/04--01004--004 **900.00

REINSTATEMENT 03-04

DOCUMENT # L83110

1. Corporation Name
~~A-Storefront Specialist Inc~~
Lighthouse Glass & Aluminum Inc.

2. Principal Office Address	3. Mailing Office Address
128 Timber Lane	128 Timber Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 12th 1990

5. FEI Number: 65-0202935 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James R Smith
Street Address (P.O. Box Number is Not Acceptable): 128 Timber Lane
Suite, Apt. #, Etc.:
City: Jupiter State: FL Zip Code: 33458

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: James R Smith
REGISTERED AGENT MUST SIGN
Date: 04/20/04

CR2E061 (01/04)

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
Pres	James R Smith	128 Timber Lane	Jupiter, FL 33458
Sec	James R Smith	128 Timber Lane	Jupiter, FL 33458
Treas	James R Smith	128 Timber Lane	Jupiter, FL 33458
V-Pres			

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: James R Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/20/04
Daytime Phone #: 561-575-2003

TR