


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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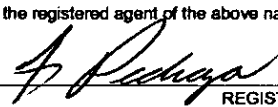
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/28/03--01057--031 **300.00


CORPORATION REINSTATEMENT			
			
FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P00000081138			
1. Corporation Name South Florida Shutters & Storefront Systems, Corp			
2. Principal Office Address 7900A NW 64 Street		3. Mailing Office Address 7900A NW 64 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country U.S.A	Zip 33166	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida		08/23/2000	
5. FEI Number 65-1038230		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 Fernando Pedraza			
Street Address (P.O. Box Number is Not Acceptable) 7900A NW 64 Street			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33166

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	Date
	2/21/03
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	Fernando Pedraza	7900A NW 64 Street	Miami, FL 33166
V	John C. Campuzano	7900A NW 64 Street	Miami, FL 33166

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:	
	2/21/03 (305) 218-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



**SOUTH FLORIDA SHUTTERS &
TOREFRONT SYSTEMS CORP.**

2/21/03

February 21, 2003

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

Re: Corporations Reinstatement

To Whom It May Concern:

Please accept our apologies for not filing the UBR due to the fact we did not receive the 2002 report. Please verify the correct mailing address in order to avoid any delays and penalties in the future.

Thanking you in advance for your cooperation in this matter.

Sincerely

Fernando Pedraza
President