


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 DEC -5 PM 5:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # PD1000092529 PD1000092529 1. Corporation Name DARYN'S GLASS INC.					
2. Principal Office Address 8571 NW 26 ST Suite, Apt. #, etc. House City & State SUNRISE FL Zip 33322 Country BROWARD		3. Mailing Office Address 8571 NW 26 ST Suite, Apt. #, etc. House City & State SUNRISE FL Zip 33322 Country BROWARD		REINSTATEMENT 64-05	
4. Date Incorporated or Qualified To Do Business in Florida 9/20/01				5. FEI Number 651142912 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

7. Name and Address of Current Registered Agent	
Name DARYN B PARKER	
Street Address (P.O. Box Number is Not Acceptable) 8571 NW 26 ST	
Suite, Apt. #, Etc. House	
City SUNRISE	State FL Zip Code 33322

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

Daryn B Parker

REGISTERED AGENT MUST SIGN

Date 10/31/05

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. owner	DARYN B PARKER	8571 NW 26 ST	SUNRISE FL 33322

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:

Daryn B Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/05 954-592-7613

Date

Daytime Phone #

Daryn's Glass, Inc.
8571 NW 26th Street
Sunrise, FL 33322
954-592-7613 Fax 954-746-0422

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

To Whom It May Concern:

11/07/05

Re: Reinstatement fee
F.E.I. #: 651142912

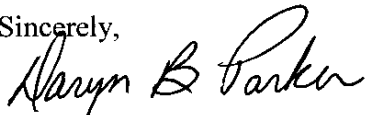
I spoke to Gary with the Division of Corporations office approximately three weeks ago regarding my Annual Profit Report. He explained that your office did not receive my signed Annual Profit Report document. In April of 2004, I did receive this document, filled in my signature where needed, and re-mailed it to your office.

Gary said that your office had received my check #2210 for the \$150.00 fee and the Annual Profit Report but I had not signed the document. Your office cashed my check and sent the Annual Profit Report back to me for my signature.

I received this document, signed it, and returned it to your office immediately. Since then, I have not received any response from your office that my Annual Profit Report had not been received. I assumed everything was in order since my check cleared my account.

I respectfully request the reinstatement fee be waived against Daryn's Glass, Inc. since my signed document seems to have been lost in the mail. If possible, I would also like my 2005 Annual Profit Report and the fee waived on that as well due to error with the mailing system. I appreciate your help and consideration on this matter. Thank you.

Sincerely,



Daryn B. Parker,
President of Daryn's Glass, Inc.