PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		Secre	ARTMENT OF STATE tary of State of Corporations		3 OCT	ILED 31 PH 4:2		
DOCUMENT # POLODIO 1235						SEGNET XLLAHA	ANY OF STATE SSEE, FLORI	DA	
Integrated Door Systems Inc.						REIMSTATEMENT_03			
2. Principal Office Address 902 N Rome Ave 10550 Suite, Apt. #, etc. Suite, Apt. #,				ntation Bay Dr		400024332544 10/31/0301052006 **150.00			
0			01. 8 0.4			corporated or Qualified Business in Florida 1 - 6 - 0			
·			City & State Tamoa	FL	5. FEI Number Applied For Not Applicable				
Zip	Zip Country Zi			6. CEPTIFICATE OF STATUS DESIDED S8.75 Addition				Iditional Fee required ertificate of Status	d d
7. Name and Address of Current Registered Agent									
* * * * * * * * * * * * * * * * * * * *	Name Lisa M Spradling Street Address (P.O. Box Number is Not Acceptable) 10550 Plantation Bay Drive Suite, Apt. #, Etc. City Tanga State Zip Code FL 33647								
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 10/29/03 REGISTERED AGENT MUST SIGN									
9. Names	and Street Addresses	of Each Officer and	or Director (Florida no	nprofit corporations must list at lea	ast 3 directors)				1
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
Pres.	Thomas R. Parrish			10550 Plantation Bay Dr		Tampe FC 33647			
VicePres Tres.	Lisa M Spradling			10550 Plantation Bay Or		Tampe FL 33647			
Secr	Eric Chff	ord	379	326 Dunbar Ave		Zept	yrhills 3	3542	
		· · · · · ·		A	Rule				
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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date									
	SIGNATURE	RAND I THED OK PRIM	TIED NAME OF SIGNING	OFFICER OR DIRECTOR	•	Date	Daytime Pt	none#	

INTEGRATED DOOR SYSTEMS, INC. 902 N. ROME AVENUE, TAMPA, FLORIDA 33606 PHONE (813) 259-3441 FAX (813) 259-9012

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sirs:

I spoke with a representative from the Division of Corporations today regarding our corporate dissolution. We did not receive our UBR form this year and as a result our company was dissolved by the State. Your representative advised me to complete the attached Corporation Reinstatement form and mail it with a check for \$150.00 dollars. Please reinstate our company as we are still a valid corporation. Should you have any questions or need any further information, please call me at the above number. I may also be reached on my cell phone at (813) 310-6815.

Thank you for your review and assistance in this matter.

Sincerely,

Lisa M. Soradling