PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	* .	I LENGE NEND	TEL MOTION	THE COURSE CONTRACTOR OF THE COURSE	FILL	ΞŊ			
CORPORATION REINSTATEMENT		ION A	FLORIDA DEPARTMENT OF		1				
		Secretary of State DIVISION OF CORPORATIONS		D2 DEC 26 AM 9: 28 SECRETIFY OF STATE FALLAHASSEE, FLORIDA					
									JMENT Ition Name
•	Grea	t Garage Doo	rs, Inc.						
		•			Composition to the second seco			•	
Principal Office Address			3. Mailing Office Addre		900009689919 12/26/0201033009 **150.00				
			PO Box 1898		12/26/04	₹==01035 <u>=</u> =003 ##	*150.00	1:	
suite, Apt. #, etc.			Suite, Apt. #, etc.				enter and the second		
					Date Incorporated or Qualified To Do Business in Florida				
city & State			City & State Marco Island, FL		<u> </u>	5. FEI Number Applied For		-or	
					Not Applicable				
ip Country		^{Zip} 34146	Country USA	6. CERTIFICATE	OF STATUS DESIRED 6	5 Additional Fee re or a Certificate of St	quired atus 4		
water sales in the sales of the sales		and the control of the second	7. Name and	Address of Current Regist	ered Agent				
	Name Sam J. Ciminero								
	Street Address (P.O. Box Number is Not Acceptable) 49 Buttercup Ct.								
	Suite, Apt. #, Etc.					,			
	City Marc	o Island, FL				State Zip Code 34	145		
. I, being	appointed the	e registered agent of the abo	ove named corporation, am	familiar with and accept the	e obligations of sect	tion 607.0505 or 617.0503, F.S		_	
Signature o Registered	of Ageny		EGISTERED AGENT MUS	T SIGN		, Date /	3-05	2	
. Names	and Street A	ddresses of Each Officer an	nd/or Director (Florida nonp	rofit corporations must list a	t least 3 directors)	The state of the s			
· Titles		Name of Officers and/or Directors		City / State / Zip					
P	Sam J. Ciminero 49 Buttercup					Marco Island, FL34145			
S/T	Michael Ciminero 49 Buttercup					Marco Island	, FL 3414	45	
					-				
	 					<u> </u>		l	

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 samplegal effect as if made under oath.

SIGNATURE: .

RONALD S. WEBSTER

COUNSELOR AT LAW

Telephone: (239) 394-8999 Facsimile: (239) 394-3511 985 NORTH COLLIER BLVD. MARCO ISLAND, FLORIDA 34145 E-MAIL: ronwebster@earthlink.net INFO: www.ronwebster.com

December 18, 2002

Secretary of State
Division of Corporation
Attn: Reinstatement Department
PO Box 6327
Tallahassee, FL 32314

RE: Great Garage Doors, Inc.

Dear Sir or Madam:

I am writing in regards to the above-mentioned corporation which was dissolved due to their failure to file an Annual Report for the year 2002. I have spoken with the officers of the corporation and they confer that the Annual Report was not received by them. The corporation has a new mailing address which is as follows:

Great Garage Doors, Inc. PO Box 1898
Marco Island, FL 34146

I hereby request that you review this matter and inform this office if there is a possibility of leniency in this regard. Enclosed is a reinstatement application together with a check in the sum of \$150.00.

Should you have any questions relative to this matter, please do not hesitate to contact this office.

Sincerely.

Ronald S. Webster

RSW/maa enclosure