

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD2000025683

1. Corporation Name

GARAGE DOORS PRECISION, INC

FILED

2007 APR -2 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

13854 SW 274 TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

Zip

33032

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/06/2002

5. FEI Number

33-1003012

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

VERGARA, LEONARDO F.

Street Address (P.O. Box Number is Not Acceptable)

13854 SW 274 TERRACE

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33032

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 03-30-07

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	LEONARDO F. VERGARA	13854 SW 274 Terrace	HOMESTEAD, FL 33032
			500098321135 04/10/07--01025--077 **450.00
			B 4/10/07
			REINSTATEMENT 05-07

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 contained in Chapter 119, 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

03-30-07

Date

306-323-7229

Daytime Phone #