

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 FEB -9 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

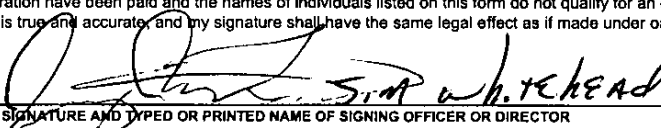
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REINSTATEMENT
CR2E06T (12/05)

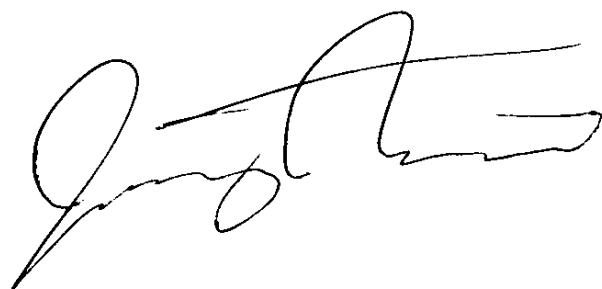
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|--|----------------|--|---------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P02000099735 | | | |
| 1. Corporation Name Buckhead GLASS & SCREEN | | | |
| 2. Principal Office Address S Pam Dr | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Crawfordville FL | | City & State | |
| Zip 32327 | Country USA | Zip | Country |

| | |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 9/16/2002 | |
| 5. FEI Number 371441905 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 Jim Whitehead | |
| Street Address (P.O. Box Number is Not Acceptable) S Pam Dr | |
| Suite, Apt. #, Etc. | |
| City Crawfordville | State FL |
| Zip Code 32327 | |

| | | | |
|---|--------------------------------------|---|------------------------------|
| 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 2/5/07 | |
| 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 |
| 1 | Jim Whitehead | S. Pam Dr. | Crawfordville, FL 32327 |
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| 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:  | | Date 2/5/07 | Daytime Phone # 850-570-2500 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

I did not receive my
Annual Report notice in the
mail

A handwritten signature in black ink, appearing to be "Josephine" or similar, written in a cursive style.