2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000002850

Entity Name: GARCIA QUALITY WINDOWS, DOORS & TILE INC.

FILED Jan 14, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Principal Place of Business:

 2465 LAWANNA DR
 5801 KISLIN PLACE

 ORLANDO, FL 32807
 ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

2465 LAWANNA DR 5801 KISLIN PLACE ORLANDO, FL 32807 ORLANDO, FL 32807

FEI Number: 75-3093904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, CARLOS

2465 LAWANNA DR

ORLANDO, FL 32807 US

GARCIA, WILSON

5801 KISLIN PLACE

ORLANDO, FL 32807 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILSON GARCIA 01/14/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GARCIA, WILSON Name: GARCIA, WILSON

 Address:
 2465 LAWANNA DR.
 Address:
 5801 KISLIN PLACE

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 GARCIA, CARLOS
 Name:
 GARCIA, DULCE M

 Address:
 2465 LAWANNA DR
 Address:
 5801 KISLIN PLACE

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807

Title: S () Delete Title: () Change () Addition Name: PEREZ, LUIS O Name:

 Name:
 PEREZ, LUIS O
 Name:

 Address:
 2465 LAWANNA DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON GARCIA PD 01/14/2005