

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000009088

1. Corporation Name

River City Glass & Mirror, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 PM 5:20

REINSTATEMENT 04-05

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 1/24/2003	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 403 Integrated Court	26 403 Integrated Court	14-1869944	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
22 Unit 101	27 Unit 101	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Debary FL	28 Debary FL				
Zip	County	Zip	County		
24 32713	25	29 32713	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Corporate Creations Network Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street	
		83	
		84 City Miami Beach	85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Karla Sarria

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

VP Corporate Creations

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DON BURGESS 209 MELLON DR. DEBARY FL 32713 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director REBECCA BURGESS 209 MELLON DR. DEBARY FL 32713 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12/05/05--01068--011 **300.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, or on attachment with an address.

SIGNATURE

by K. Sarria as attorney-in-fact

11/28/2005

Date

305-672-0686

Daytime Phone #

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: River City Glass & Mirror, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: [Signature]
by K. Sarria as attorney-in-fact 11/28/2005

Name: Don Burgess

Title: Director

Date: 11/28/05