


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000006028		
1. Entity Name UNITED THERMO-FOIL DOOR INC.		

FILED  
06 NOV 14 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

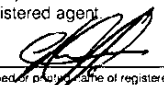
Principal Place of Business 1130 W 23RD STREET HIALEAH, FL 33010	Mailing Address 1130 W 23RD STREET HIALEAH, FL 33010
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2. Principal Place of Business 2225 W 11 AVE Suite, Apt. #, etc.	3. Mailing Address 2225 W 11 AVE Suite, Apt. #, etc.
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City & State HIALEAH, FL	City & State HIALEAH, FL	4. FEI Number 20-2153882	Applied For <input type="checkbox"/> Not Applicable
Zip 33010	Country U.S.A.	Zip 33010	Country U.S.A.

6. Name and Address of Current Registered Agent PINEDA, CARLOS O 1130 W 23RD STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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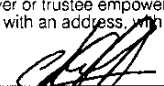
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  CARLOS PINEDA 11/13/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINEDA, CARLOS O 1130 W 23RD STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2225 W 11 AVE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOYA, JUAN 1130 W 23RD STREET HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081766543 11/14/06--01060--022 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CARLOS PINEDA 11/13/06 505-886-6997  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

K. Eckel NOV 15 2006