2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000008554			(T.)			FIL		
1. Entity Name STRAWBRIDGE GLASS AND DOOR, INC.					000	7.44=		
5 KAVVBRIDGE GLASS AND DOOK, INC.			1		200	7 NOV 19	AM 8: 38	
	<i>!</i>		1000	IE:				
Principal Place	e of Business	Mailing Address			3ξ ΤΔ1	UKLJARY (OF STATE FLORIDA	
303 DORIS D		303 DORIS DRIVE			IAL	-WIIM 22EE	FLURIDA	
LAKELAND, F	L 33813 US	LAKELAND, FL 33813	US					
	lace of Business - No P.O. Box #	3. Mailing Address	21					
Suite, Apt.	licia Rd.	6// A/iC.'C4 /2 Suite, Apt. #, etc.	201'					
Suite, Apr.	r, 610.	Solic, Apr. 17, cto.		ļ	10152007 REIN	·P CF	R2E098 (1/07)	
City & State	1 -1	City & State		1	4. FEI Number		h	plied For
Lakel		Lakeland, Fa	Zauntru		20-2200265			t Applicable
3380/	Country		Country 4. 5 .		5. Certificate of Status	Desired	\$8.75 Add Fee Required	
JJCAZI	6. Name and Address of Current I				7. Name and Address	of New Register	ed Agent	
Namestru					whrider William L			
STRAWBRIDGE, WILLIAM L 3631 RAYNOLDS RD Street Actor				ddress (F	iress (P.O. Box Number's Not Acceptable)			
NORTH FORT MYERS, FL 33903				711	CIG 12d.			
				4 .			Ta. a.	
			City	Kelo	and			301
	named entity submits this statement for	the purpose of changing its regi	istered office or	registere	ed agent, or both, in the S	tate of Florida. I	am familiar with,	and accept
the obligati	ions of registered agent.					10-	-26-07	64
SIGNATURE	Signature, typed or printed name of registered agent	and little if annual later	gistered Agent signa	itura manules	4 when reinstating)	7 O -		-11
	Signalize, typed or printed name or registered agent of	no the applicable. [NOTE: Re-	gistered Agent signa	itare require	o when remstatory)			
FILE	NOW!!! FEE IS \$750.00							
AILUI Jali	uary 1, 2008, Fee will be \$900.0	0						
10.	OFFICERS AND		11.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS	S IN 11
10.	OFFICERS AND			ρ			AND DIRECTORS Change	S IN 11
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10.	OFFICERS AND	DIRECTORS	TITLE NAME STREET ADDRESS	P STrai	bridge Will	iam L		
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