

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 05-99 REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUL 30 PM 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300002955423--2 -08/10/99-01028-020 ***1358.75 ***1358.75 REINSTATEMENT 05-99 <small>DO NOT WRITE IN THIS SPACE</small>	
DOCUMENT # <i>PG2000015486</i>					
1. Corporation Name ABILITY WINDOW & DOOR, INC.					
Principal Place of Business 911 CLEARLAKE ROAD COCOA, FL 32922		Mailing Address P.O. BOX 3465 COCOA, FL 32924-3465			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable <small>Suite, Apt. #, etc.</small>		3. New Mailing Address, If Applicable <small>Suite, Apt. #, etc.</small>		4. Date Incorporated or Qualified <small>To Do Business in Florida</small> 1/1/93	
City & State <small>Zip</small>		City & State <small>Zip</small>		5. FEI Number 59-3158004	
6. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED		<small>\$8.75 Additional Fee required for a Certificate of Status</small>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) P, T	Name of Officers <small>and/or Directors</small> MAUREEN B. MORLEY	Street Address of Each <small>Officer and/or Director</small> 1054 MATADOR DR.,	4 City / State / Zip ROCKLEDGE, FL 32955		
V	CYNTHIA LYNAR	207 PRICE ROAD	HAWTHORNE, FL 32640		
V	SALI MORTON	3925 JANIE COURT	ORLANDO, FL 32822-7765		
VP, S	KIMBERLY BAYER	200 INTERNATIONAL DR #814	CAPE CANAVERAL, FL 32920		
8. Name and Address of Current Registered Agent <small>MAUREEN MORLEY</small>					
9. Name and Address of New Registered Agent <small>MAUREEN MORLEY</small>					
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 911 CLEARLAKE ROAD					
<small>Suite, Apt. #, Etc.</small>					
<small>City</small> COCOA,					
<small>State</small> FL <small>Zip Code</small> 32922					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent: <i>Maureen B. Morley</i> Date: 7/28/99					
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<small>(See other side for information on intangible tax.)</small>					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Maureen B. Morley</i> MAUREEN B. MORLEY Date: 7/28/99 Daytime Phone # 407-636-8034					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					