

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 95-99	
DOCUMENT # 092000015486					
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		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 1/1/93 5. FEI Number 59-3158004 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px; float: right;"> SP Applied For Not Applicable </div>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P, T	MAUREEN B. MORLEY	1054 MATADOR DR.,	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 MAUREEN MORLEY					
9. Name and Address of New Registered Agent Name: MAUREEN MORLEY Street Address (P.O. Box Number is Not Acceptable): 911 CLEARLAKE ROAD Suite, Apt. #, Etc.: City: COCOA, State: FL Zip Code: 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"/> (See other side for information on intangible tax.)					
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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 7/28/99		Daytime Phone #: 407-636-8034

CR2E040 (12/95)