

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 JAN 31 PM 2:18

DOCUMENT # P94000059167  
1. Corporation Name  
A-1 Shutters & Doors, Inc.

800004901208--3  
-02/12/02--01011--013  
\*\*\*\*300.00 \*\*\*\*300.00

REINSTATEMENT B  
95-02

2. Principal Office Address 687 N. Biscayne River Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33169	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1994	
5. FEI Number 65-0512440	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name CHRISTOPHER B. BURKE		800004901208--3	
Street Address (P.O. Box Number is Not Acceptable) 687 N. BISCAYNE RIVER DRIVE		-02/12/02--01011--014 ****500.00 ****500.00	
Suite, Apt. #, Etc.			
City MIAMI	State FL	Zip Code 33169	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 1-25-02  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Christopher B. Burke	687 N. Bisc. River Dr.	MIAMI, FL 33169
			800004901208--3 -02/12/02--01011--015 ****500.00 ****500.00
			800004901208--3 -02/12/02--01011--016 ****500.00 ****500.00

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [Signature] Christopher Burke  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 01/25/02 305-947-5385  
Daytime Phone #