## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT					FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				03 DEC 24 AM 8: 47 SECRETARY OF STATE TALLAHASSEE FLORIDA						
DOCUMENT # P94000071000											• •		7 <u>9</u>		
Aurora Art Glass. Inc.															
									REINSTATIONENT 03						
2. Principal Office Address 149 N. Tamiami Trail					3. Mailing Office Address 149 N. Tamiami trail				Brind (Alterian) 03						
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida  09/26/1994						
City & State Osprey FL					City & State Osprey FL				5. FEI Number Applied For						
Zip 34229	Country			Zip 34229		Country Sarasot	a`	65-05 6. CERTIFICATE		S DESIRE		-1	Applicable Fee required of Status		
			,		7. N	ame and A	ddress of Cur	rent Register	ed Agent						
	Name Woodmansee, Mark														
	Street Address (P.O. Box Number is Not Acceptable)  149 N. Tamiami Trail														
	Suite, Apt. #, Etc.									12/08/0301083011 **150.00					
	City Os	Osprey								State Zip Code FL 34229					
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.													CRZE081 (10/02)		
Signature of Registered Agent Manh Nov.						RED AGENT MUST SIGN			Date 12-20-03						
9. Names	and Street Ad	ldresses o	of Each Offi					must list at le	ast 3 directors)			<del></del>	<del></del>	<del></del>	
Titles	Name of Officers and/or Directors				Street Address of Ea Officer and/or Direct									_	
PST	Mark Woodmansee				149 N. Tamian			mi Trail		Osprey FL 34229				<u> </u>	
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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.												ail fees			
SIGNATURE: Much Woodmansee 15-20-03 (941) 966-3630 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #															