

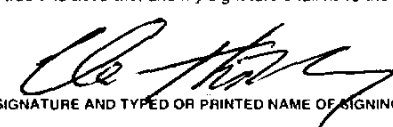


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		99 MAY 28 AM 10:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P 95000063441					
1. Corporation Name Southern Framing Enterprises, Inc.					
Principal Place of Business 5024 Plymouth Sorrento Rd APOPKA, Florida 32712			Mailing Address P.O. Box 473 APOPKA, FL. 32704		
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		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 8/16/95	
				5. FEI Number 59-3330105	
				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status			
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		
1	2	3	4		
Pres.	Glen E. Hurley	5024 Plymouth Sorrento Rd.	Apopka, FL 32712		
V.P.	Glen A. Hurley	5024 Plymouth Sorrento Rd	Apopka, FL 32712		
Sec.	Glen E. Hurley	5024 Plymouth Sorrento Rd.	Apopka, FL 32712		
Treas.	Michael A. Gustafson	5024 Plymouth Sorrento Rd.	Apopka, FL 32712		
500002899935-2 -06/09/99-01089-015 ***1050.00 ***1050.00					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name Elizabeth A. Snyder		
			Street Address (P.O. Box Number is Not Acceptable) 1611 Jeanette St		
			Suite, Apt. #, Etc.		
			City Apopka		
State FL Zip Code 32712					
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 Elizabeth A. Snyder			Date 5/26/95		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  Glen E. Hurley 5/3/95 (407) 886-2465 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					