


10P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP 23 AM 1:27

STATE OF FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059954
1. Corporation Name
Southern Mirror Company,

2. Principal Office Address 9724 N. Palafox Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State	
Zip 32534	Country	Zip	Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 07/1996

5. FEI Number 59-3391271

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Taze Murphy

Street Address (P.O. Box Number is Not Acceptable)
9724 North Palafox Street

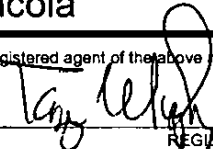
Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32534

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  Date 8/31/05

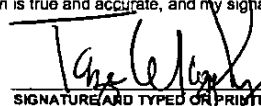
REGISTERED AGENT MUST SIGN

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/T	Taze Murphy	9724 N. Palafox Street	Pensacola, FL 32534

900059901239
09/23/05--01042--021 **450.00

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:  TAZE MURPHY Date 8/31/05 (850) 477-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Southern Mirror Company
9724 N. Palafox Street
Pensacola, FL 32534

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: P96000057954

August 31, 2005

Dear Sir/Madam:

I have enclosed a corporate reinstatement form and a check for \$450.00. Being that we never received a renewal notice in the mail, we are requesting that all reinstatement fees and/or penalty be waived.

Regards:

Taze Murphy
President