## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000077082

9950 S. OCEAN DRIVE

JENSEN BEACH, FL 34957

Address:

City-St-Zip:

Entity Name: DIAL'S TENT & AWNING OF FLORIDA. INC

FILED Nov 06, 2004 Secretary of State

Littly Na	IIIe. DIALOT	LINT & AVVINING OF FLORIDA	٦, ١١٩٠٠.			
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
3038 S.E. STUART,	DOMINICA TE FL 34997	RR.				
Current N	lailing Addre	ss:	New Mail	New Mailing Address:		
3038 S.E. DOMINICA TERR. STUART, FL 34997				12515 RHEA DRIVE PLAINFIELD, IL 60544		
FEI Number	: 65-0841945	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
420 COLC STUART, The above	TIC ACCOUNT PRADO AVENI FL 349943000 named entity	JE 3 US	purpose of changing	its registered	d office or registered agent, or both,	
	e of Florida.					
SIGNATUI		nic Signature of Registered A	gent	Date		
		3(2)(b), F.S., the corporation did r	not receive the prior notic	ce.		
	S AND DIREC	• ' '	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DIAL, MATTHE	LER'S FARM DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CULLEN, STEI	RSEY PARKWAY	Title: Name: Address: City-St-Zip:	S CULLEN, ST 254 REBEC JOLIET, IL	CA ROAD	
Title: Name: Address: City-St-Zip:	D ( DIAL, NORMAI 9950 S. OCEA JENSEN BEAC	N DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	D ( DIAL, SANDRA	) Delete . K	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEPHANIE CULLEN S 11/06/2004