

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 OCT 28 PM 4:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000096970 (3)

1. Corporation Name

Landmark Doors, Inc.

Principal Place of Business: 4273 Arnold Ave.  
 Mailing Address: 4273, Arnold Ave.

Naples, Fl. 34104 Naples, Fl. 34104

400002678654--7  
 -11/03/98--01023--008  
 \*\*\*\*750.00 \*\*\*\*750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/13/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3479234 Applied For Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V/P	Michael Stevens	4273 Arnold Ave.	Naples, Fl. 34104
Tres.	Bruce Woodrell	4273 Arnold Ave.	Naples, Fl. 34104

**REINSTATEMENT** 98

50-29-98  
 10-29-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Antonio Faga 375 12th Ave. S Naples, Fl. 34102		Name: Michael Stevens Street Address (P.O. Box Number is Not Acceptable): 4273 Arnold Ave. Suite, Apt. #, Etc.: City: Naples State: FL Zip Code: 34104	

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: [Signature] Date: 10/26/98  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (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: [Signature] Date: 10/26/98 Daytime Phone #: 941-261-5546  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/2/96)