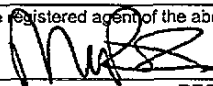



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 400002678654--7 -11/03/98--01023--008 *****750.00 *****750.00	
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			
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 Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 11/13/97 5. FEI Number Applied For 59-3479234 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		
V/P	Michael Stevens	4273 Arnold Ave.	Naples, Fl. 34104		
Tres.	Bruce Woodrell	4273 Arnold Ave.	Naples, Fl. 34104		
REINSTATEMENT					
98 5C-29-98 10-29-98					
8. Name and Address of Current Registered Agent Antonio Faga 375 12th Ave. S Naples, Fl. 34102			9. Name and Address of New Registered Agent 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:  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 <input checked="" type="checkbox"/> No <input 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 10/26/98 Daytime Phone #: 941-261-5546		