


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Hays Secretary DIVISION OF CORPORATIONS	
DOCUMENT # P98000022472			
1. Corporation Name The Awning Factory, Inc.			
2. Principal Office Address 6120 PORTER ROAD Suite, Apt. #, etc. City & State SARASOTA, FL Zip 34240		3. Mailing Office Address 6120 PORTER ROAD Suite, Apt. #, etc. City & State SARASOTA, FL Zip 34240	

FILED

01 SEP 24 PM 2:35

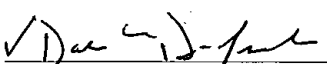
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida March 10, 1998	
5. FEI Number 65-0824835	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DALE E. DESJARDINS JR.	
Street Address (P.O. Box Number is Not Acceptable) 5145 OXFORD DRIVE	
Suite, Apt. #, Etc. -09/27/01--01098--03 ****308.75 ****308.75	
City SARASOTA	State FL
	Zip Code 34242

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
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
DIR PRES	DALE E. DESJARDINS JR	5145 OXFORD DRIVE	SARASOTA, FL 34242

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:  DALE E. DESJARDINS JR	(941) 497-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

208

THE AWNING FACTORY, INC.

6120 PORTER ROAD
SARASOTA, FLORIDA 34240

Telephone (941) 379-3072

September 19, 2001

Department of State
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of profit corporation - The Awning Factory, Inc.

Enclosed please find a check for \$ 308.75 for reinstatement and fee for certificate of status.

Per our telephone discussion with your office, we are not required to pay the normal fee. We never received the annual report form due to a change of address. We are enclosing a check for \$ 300.00 as indicated by clerk Sellers.

Thank you for your assistance regarding this matter.

Sincerely,



Dale E. DesJardins Jr.
President