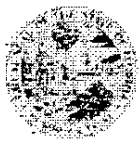


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 98000085118			
1. Corporation Name Locks & Glass Inc			
2. Principal Office Address 6051 NW 61st Ave		3. Mailing Office Address 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARKLAND FL		City & State PA	
Zip 33067	Country U.S.	Zip 	Country

FILED
01 MAY 31 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004487235--1
-07/20/01--01028--002
***1050.00 ***1050.00

4. Date Incorporated or Qualified To Do Business in Florida	98
5. FEI Number 650879082	Applied For
0106748921	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 8875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Richard Williams	
Street Address (P.O. Box Number is Not Acceptable) 6051 NW 61st Ave	
Suite, Apt. #, Etc. 	
City PARKLAND	State - Zip Code - FL 33067

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

Rw Miller

REGISTERED AGENT MUST SIGN

Date

5/25/01

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
Pres	Richard Williams	6051 NW 61st PARKLAND FL 33067	

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:

Rw Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01

Date

(954) 444-0095

Daytime Phone #