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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

03 APR -4 PM 2: 39

REINS	STATEMENT			CORPORATIONS		SECRET	ANY OF STA	TE DIDA	
• Corporati	on Name	P990000				MELAHA	SSEE, FLO	KUA	
2. Principal Office Address			3. Mailing Office Addr	ess	31	300015325453 04/07/0301002014 **300.00			
1400 SW29THTERRACE			1400 SW &	294 TERR	ACE 04/0"	7/0301007	2014 **	300.OU	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
			- N			4-Date Incorporated or Qualified To Do Business in Florida 6/23/99			
City & State			City & State						
FTU	AVD, FL		FT LAUD	, FC	5. FEI Numb	9930559	-	Applied For Not Applicable	
		ntry	·	Country	6.		- \$9.75 Addies	onal Fee required	
3334	ユ		333/2		CERTIFICAT	E OF STATUS DESIRE	for a Certi	ficate of Status	
			7. Name and	Address of Current	t Registered Agent	-			
Š	Name								
1		IELSON M.							
	Street Address (P.O. Box Number is Not Acceptable)								
•	<u> </u>								
	FT LAUDENDALE					State Zip Co	312		
8. I, being a Signature of Registered A	,11	lson	Manyua GISTERED AGENT MUS	<u> </u>	cept the obligations of sect		0503, F.S. - 11-200	<u> </u>	
Q Names of	and Street Address	es et Tech Officer and	to Disease (Fluido nos		Acceptable of Femals 2 distriction				
Titles	s and Street Addresses of Each Officer and/or Director (Flori Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
۵	NELSON MANGUAL			1400 SW 29 TERRACE			FT CAUD, FC 33312		
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							MAY		
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10, I certify	that I am an officer	or director or the recei	ver or trustee empowered	f to execute this appl	ication as provided for in ch	napter 607 or 617, F.	S. I further certify the	nat when filing	

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Velson Manaua

954-321-628

Daytime Phone #

2012

GLENN A. ROSENBERG, CPA, P.A. CERTIFIED PUBLIC ACCOUNTANT

3700 Coconut Creek Pkwy Ste 140 Coconut Creek, FL 33066 Tel (954) 944-0700 Fax (954) 978-3268

March 7, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Locks, Doors & More, Inc.

To Whom It May Concern:

I am the accountant for the above referenced Corporation.

The Corporation did not receive the 2002 Uniform Business Report or the 1st or 2nd notices regarding extended due dates. The Corporation moved their offices during the 2001 year.

In light of the above circumstances, please reinstate the Corporation and abate the penalty and fees.

Enclosed please find a payment for \$300.00 to pay for the 2002 and 2003 Uniform Business Reports.

Please give me a call if you have any questions or need further information.

Sincerely yours,

Glenn A. Rosenberg, CPA

cc: Locks, Doors & More, Inc.