PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED
DOCUMENT # 799000 1. Corporation Name S. W. FIBRO, A	SCREEN, NG INC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 20 WOODPECKER FD Suite Ant # etc	3. Mailing Office Address State Suite Ant # etc	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12/2_199
NAPIES, FIA	City & State	5. FEI Number Applied For Not Applicable
Zip 34/14 COLLIER	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. # 305 City M-ARCO TS. FIA 34/45 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date		
Name of	Vor-Director. (Florida nonprofit corporations must list at lea	
Titles Officers and/or Directors	Street Address of Each Officer and/or Director	city / State / Zip
1-	GURA 153. 200 AVE	
	OURA DUI- WOODFECKER	
ECC KEITH NEISON	U 1083 N. COLLIER	
		0000054618905 -05/06/02-01050-001 ****450.00 ****450.00
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)(1), 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