


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 SEP 15 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>V-25933</u>					
1. Corporation Name <u>ACE WINDOW & GLASS, INC.</u>					
REINSTATEMENT <u>98-04</u>					
2. Principal Office Address <u>303 GALEN DR.</u>		3. Mailing Office Address <u>SAME</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>1.992</u>	
Suite, Apt. #, etc. <u>#112</u>		Suite, Apt. #, etc.		5. FEI Number <u>65-032959</u>	
City & State <u>Key Biscayne</u>		City & State		Applied For Not Applicable	
Zip <u>33149</u>	Country <u>USA</u>	Zip	Country	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 <u>JUAN ALBERTO GADIA</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>303 GALEN DR.</u>					
Suite, Apt. #, Etc. <u>#112</u>					
City <u>Key Biscayne</u>				State <u>FL</u>	Zip Code <u>33149</u>
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 <u>[Signature]</u>				Date <u>09/14/04</u>	
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	
<u>Pres</u>	<u>JUAN ALBERTO GADIA</u>	<u>303 GALEN DR.</u>		<u>Key Biscayne, FL 33149</u>	
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: <u>[Signature]</u>				Date <u>09/14/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>(305) 361-9324</u>	

CR2E001 (01/04)



CE WINDOW & GLASS, INC.
Residential & Commercial

Florida Department of State
Departement of corporations
Tallahassee, Florida

Att: Caterina

I request a wave. Did not recive the form of the year 1998.

Juan Alberto Gadea
President