

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -2 AM 10: 00

DOCUMENT # V27299

1. Corporation Name

All Florida Door and Glass, Inc.

2. Principal Office Address

4143 W. Waters Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 185

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33614

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

4/8/92

SP

5. FEI Number

65-0321015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 09-01

7. Name and Address of Current Registered Agent

Name

Thomas M. Rahilly

600004527598 -- 7

Street Address (P.O. Box Number is Not Acceptable)

12611 Catamaran Place

08/09/01 01074 023

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

REGISTERED AGENT MUST SIGN

Date 8/01/01

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
DPT	Thomas M. Rahilly	12611 Catamaran Place	Tampa, FL 33624

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Rahilly, Pres.

Date

8/01/01

Daytime Phone #

813-269-1111

CR2501 (9/00)