PLEASE READ A	ALL INST	CTIONS I	BEFORE C	OMPLETI	ING THIS FORM.
APPLICATION PLEASE READ ALL INSTITUTE CTIONS BEF APPLICATION Sandra B. Mortham			T OF STATE	J	APPROVED :
FOR 97-98 REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS				FILED
DOCUMENT # Vlag 346					98 MAR 24 AM II: 29
All Dribe Windows & Glast, Inc					SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address					
3916 SW 8th STEERT Cotest Guesles, FL 33134					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable				orated or Qualified ness in Florida 10 05 122
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			5. FEI Number	Applied For Not Applicable
Zip Country	Zıp	Country		6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers Street Address of Each Officer and/or Director City / State / Zip					
PI Edward Sotor, 3916 SW 8				umbers)	CORAL GARDES, FL 33/34
				<u> </u>	000024698252 -03/26/9801107008
				<u>-</u> .	****300.00 ****900.00
	REI			NSTA	TEMENT 97-98
g \$.500				a. alan	
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent	
Edward Sotoro 3916 SW 8TH ST CORal Gards, FL 33134				WARD SOTUPO O BOX Numper is Not Departable)	
COPUL COSTAN FL 33/24 Suite, Apt. #, Etc.				10 -0	, ,
Colal				Cathe	State Zip Code 33134
10. I, being appointed the register agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of					
Registered Agent Date					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (See other side for information on intangible tax.)					
12. 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.					
3 3 98 365 4438955					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #					

ę,