

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005892

1. Corporation Name
American Exteriors, Inc.

2. Principal Office Address
P.O. Box 4665

3. Mailing Office Address
P.O. Box 4665

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Alexandria, VA

City & State
Alexandria, VA

Zip Country
22303 USA

Zip Country
22303 USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/13/1996

5. FEI Number 541214022

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Robert T. Maher, Attorney at Law

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

1601 Jackson Street

Suite, Apt. #, Etc.

Suite 201

City

Ft. Myers,

State
FL

Zip Code
33901

000048847300
03/22/05--01026--003 **1018.75

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

Date 2/11/05

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
PC	Godwin, Rodney E.	2912 Woodlawn Trail	Alexandria, VA 22306
V	Quinn, Timothy J.	2912 Woodlawn Trail	Alexandria, VA 22306
V	Blueitt, Daniel W.	2912 Woodlawn Trail	Alexandria, VA 22306
TSD	Bohn, Sally J.	2912 Woodlawn Trail	Alexandria, VA 22306

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:

Daniel Blueitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date

703 765-1010

Daytime Phone #

CR2E081 (07/04)