


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000029624
1. Corporation Name
G.A. GLASS'N MIRROR CORP.

2. Principal Office Address
2930 SW 163 AVE
Suite, Apt. #, etc.
City & State
MIRAMAR, FL
Zip
33027 Country
USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
06 MAY -2 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
651006017 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
AVILIA GERMAN

Street Address (P.O. Box Number is Not Acceptable)
2930 SW 163 AVE

Suite, Apt. #, Etc.
800074352278

City
MIRAMAR State
FL Zip Code
33027

05/10/06--01004--025 *\$758.75

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 X [Signature] Date 4/26/06
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>PDT</u>	<u>AVILIA GERMAN</u>	<u>2930 SW 163 AVE</u>	<u>MIRAMAR, FL 33027</u>
	<u>[Signature]</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 contained in Chapter 119, 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] Date 4/26/06 Daytime Phone # 305 218-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR