

PLEASE RE

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 AM 7:50

DOCUMENT #

P 02000 123728

1. Corporation Name

Sonny's Auto Glass Inc.

Principal Place of Business

Mailing Address

5962 B 59th Ave N.
Kenneth City FL 33709

2004 AR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/20/02

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13422024

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

3817 Additional fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ANGELA CAGUARDIA	5962 B 59th Ave N	Kenneth City FL
S	" "		
T	" "		
CEO	Jesse Rodriguez Vega	5962 B 59th Ave N	Kenneth City FL

300037949783
06/15/04--01015--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jesse Rodriguez Vega
5772 A 59th Ave N
Kenneth City FL

Name ANGELA CAGUARDIA
Street Address (P.O. Box Number is Not Acceptable)
5962 B 59th Ave N.
Suite, Apt. #, Etc.
City Kenneth City FL
State FL Zip Code 33708

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/26/04

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04

Daytime Phone #

6/11/04