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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 20 11:17

DOCUMENT # PO 2000123728

1. Corporation Name
SONNY'S AUTO GLASS, INC.

2. Principal Office Address <u>200 PALM CIRCLE WEST</u> Suite, Apt. #, etc. <u># 302</u> City & State <u>PEMBROKE PINES, FL</u> Zip <u>33025</u> Country <u>USA</u>		3. Mailing Office Address <u>200 PALM CIRCLE WEST</u> Suite, Apt. #, etc. <u># 302</u> City & State <u>PEMBROKE PINES, FL</u> Zip <u>33025</u> Country <u>USA</u>	
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REINSTATEMENT
CR2E081 (12/05) 05/06

4. Date Incorporated or Qualified To Do Business in Florida 11-18-2002

5. FEI Number 134225024 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 REGINA ZOLYOMI

Street Address (P.O. Box Number is Not Acceptable) 200 PALM CIRCLE WEST

Suite, Apt. #, Etc. # 302

City PEMBROKE PINES State FL Zip Code 33025

300091961873
11/20/06--01079--019 **300.00

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 Regina Zolyomi Date 11/16/06

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>PST</u>	<u>REGINA ZOLYOMI</u>	<u>200 PALM CIRCLE WEST, #302</u>	<u>PEMBROKE PINES, FL 33025</u>
<u>CEO</u>	<u>REGINA ZOLYOMI</u>	<u>200 PALM CIRCLE WEST, #302</u>	<u>PEMBROKE PINES, FL 33025</u>
<u>D</u>	<u>REGINA ZOLYOMI</u>	<u>200 PALM CIRCLE WEST, #302</u>	<u>PEMBROKE PINES, FL 33025</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: Regina Zolyomi Date 11/16/06 Daytime Phone # 954-443-4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002

SONNY'S AUTO GLASS, INC.

200 Palm Circle West, #302
Pembroke Pines, Florida 33025
Phone: (954) 443-4392
Fax: (954) 450-3549

October 25, 2006

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

In reviewing the corporate information on your website for Sonny's Auto Glass, Inc., I discovered that the corporation was administratively dissolved as of September 16, 2005.


Please be advised that the address in your records was changed in 2005. The address listed above is our correct address.

In addition, we did not receive any notices from you with regard to the Annual Report.

Therefore, we would like to reinstate this corporation. Enclosed please find our check in the amount of \$300.00 (\$150.00 for 2005, and \$150.00 for 2006). Also enclosed is the completed and fully executed Corporation Reinstatement form.

Thank you for your assistance and understanding in this matter.

Sincerely yours,



REGINA ZOLYOMI, President

Enclosures