

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000123728

1. Corporation Name

Sonny's Auto Glass, Inc.

900024290189
10/30/03--01053--010 **150.00

REINSTATEMENT 03

2. Principal Office Address

5772 54th Avenue N

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Kenneth City, FL

City & State

Zip

33709

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

13-4225024

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

Jesus M Vega

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

500 Belcher Rd.

Suite, Apt. #, Etc.

#218

City

Largo

State

FL

Zip Code

33771

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

REGISTERED AGENT MUST SIGN

Date 10/28/2003

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 |
|--------|--------------------------------------|---|--------------------|
| P | Jesus M Vega | 500 Belcher Rd. #218 | Largo, FL 33771 |
| | | | |
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| | | | |
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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/2003 727-545-1999

Date

Daytime Phone #

2/1/4

SONNY'S AUTO GLASS, INC.

5772 54th Avenue N
Suite A
Kenneth City, FL 33709
727-545-1999

October 28, 2003

DEPARTMENT OF STATE

Division of Corporations
P O Box 6327
Tallahassee FL 32314

Dear Sir or Madam:

Searching on-line for some of my corporate information, I found that my Corporation has been administratively dissolved as of 09/19/2003.

The Corporate name is above.

This letter is to inform you that the address listed on my corporate papers was changed in October 2002. My correct address is above.

I never received the 1st or 2nd notice from you.

Please accept my Corporate Reinstatement request that is enclosed along with a check for \$150.00.

Your understanding and acceptance is appreciated.

Sincerely yours,



Jesus M Vega
President