

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000110841**

1. Corporation Name

GLASSWALL & DOORS INC.



REINSTATEMENT 03

Principal Place of Business

Mailing Address

3550 N.W. 49TH ST.
MIAMI FL 33142

3550 N.W. 49TH ST.
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

910: 152 N.E. 167 ST.
404
N. MIAMI BEACH, FL.
33162 DADE

4. Date Incorporated or Qualified To Do Business in Florida

12/27/1999

5. FEI Number

65-0969878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
P	MOUSSA, SAMIR	3945 N.W. 32ND AVENUE	MIAMI FL 33123

900024895749
11/20/03--01083--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOUSSA, SAMIR
3945 N.W. 32ND AVENUE
MIAMI FL 33123

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Samir Moussa

REGISTERED AGENT MUST SIGN

Date 11-10-03

11. 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:

Samir Moussa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03

Date

305-638-5151

Daytime Phone #

CR2E040 (7/03)