

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 281564

1. Corporation Name

Central Glass Company Inc.

2. Principal Office Address

302 N. Ingraham Ave

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33801

Country

U.S.A.

3. Mailing Office Address

PO Box 23

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33802

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

05-19-1964

5. FEI Number

591050716

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

Alton F. Kennedy Jr.

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

3605 Royal Ct N.

Suite, Apt. #, Etc.

City

Lakeland Florida

State

FL

Zip Code

33813

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

*Eric Kennedy*  
REGISTERED AGENT MUST SIGN

Date 12-28-05

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.O.	A.F. KENNEDY	3605 Royal Ct.	Lakeland FL 33813
V.D.	Richard K. Hightinger	1425 N. WABASH AVE.	Lakeland FL 33803
V.	AARON Kennedy	10515 Sherrouse Rd.	Lakeland FL 33810
T.	Eric Kennedy	1140 Ivy Lane	Bartow FL 33830

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)(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:

*Eric N. Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-05

Daytime Phone #

863-686-6169