

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 543394

FILED  
Oct 06, 2006  
Secretary of State

Entity Name: PROFESSIONAL GLASS, INC.

## Current Principal Place of Business:

11203 SHELDON ROAD  
P. O. BOX 260068  
TAMPA, FL 33685

## New Principal Place of Business:

## Current Mailing Address:

11203 SHELDON ROAD  
P. O. BOX 260068  
TAMPA, FL 33685

## New Mailing Address:

12232 HAZEN AVE.  
P.O. BOX 1470  
THONOTOSASSA, FL 33592

FEI Number: 59-1762998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, STANLEY W  
6005 ADAGIO LANE  
APOLLO BEACH, FL 33572 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STANLEY W. BAKER

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BAKER, STANLEY,  
Address: 6005 ADAGIO LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: TSD ( ) Delete  
Name: CURTIS, BETTY D.,  
Address: 8217 TODD PLACE  
City-St-Zip: PLANT CITY, FL 33565

Title: VD (X) Delete  
Name: WEST, KATHY M  
Address: 1463 WINDJAMMER LOOP  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY DALE CURTIS

TSD

10/06/2006

Electronic Signature of Signing Officer or Director

Date