

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 AM 10:17

REINSTATEMENT OF STATUS  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 574420</b> 1. Entity Name D-J GLASS ENTERPRISES, INC.		
Principal Place of Business 563 BURTON BLVD ROCKLEDGE, FL 32955 US		Mailing Address PO BOX 1346 TAVERNIER, FL 33070 US
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>127 Venetian Way</b> Suite, Apt. #, etc.	
City & State _____	City & State <b>Islamorada, FL</b>	4. FEI Number 59-1874250
Zip _____	Country _____	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>33036</b>	Country <b>US</b>	Applied For Not Applicable
6. Name and Address of Current Registered Agent  GLASS, GREGORY W 127 VENETIAN WAY ISLAMORADA, FL 33036		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <b>11/25/08</b>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete GLASS, SALLY W 127 VENETIAN WAY ISLAMORADA, FL 33036	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GLASS, GREGORY W. 127 VENETIAN WAY ISLAMORADA, FL 33036	<b>000138344780</b> 12/01/08--01065--016 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>11/25/08</b> (305) 664-8987 <small>Date Daytime Phone #</small>

12/200