PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TELAGE READ ALE INSTRUCTIONS BEFORE COMITEE THIS TORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	1 HAR -8
DOCUMENT # 6/8821 1. Corporation Name		3 3
WHITE'S GLASS & MIRROR INC.		8: 01 8: 01
2. Principal Office Address - No P.O. Box# 358 STATE LN.	3. Mailing Office Address 358 STATE LV	000197137590 03/08/1101035011***900.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 8-27-1979
City & State ORLANDO FLA. Zip Country	City & State ORLANDO, FLA. Zip Country	5. FEI Number Applied For Not Applicable
32801 ORANGE	32801 ORANGE	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		REINSTATE 600,00
JOHN RIWHITE		2010 - 150.0c
Street Address (P.O. Box Number is Not Accr ptable)		2011 → 150,00
Suite, Apt. #, Etc.		2010 -> 150.0c 2011 -> 150.0c
ORLANDO State Zip Code FL 32801		
8. It 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 Date 3-2-11 REGISTERED AGENT MUST SIGN		
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 Directo	rs Street Address of Eacl Officer and/or Directo	City / State / Zip
Pres. JOHN R. WI	TITE 2811 LANDO L	N ORLANDO FLA 32806 ORLANDO FLA.
ViPAB RICHARD M. WHITE 2811 LANDE LN. ORLANDO FLA.		
REINST	TATEMENT	S. HAWKES
		MAR 08 204
2010	- []	EXAMINED
10. E-mail Address: White wgm (1) be 1/5 outh het (To be used for future annual report notification)		
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. I further certify, 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: 3-2-11 407-841-2865		
/) SIGNATURE AN	D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC	TOR Date Daytime Phone #