

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 15 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 624773

1. Corporation Name

DADE COUNTY ALUMINUM & MIRROR CORP.

2. Principal Office Address

592 WEST 28TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

592 WEST 28TH STREET

Suite, Apt. #, etc.

City & State

HTALEAH, FL

City & State

HTALEAH, FL

Zip

33010

Country

U.S.A.

Zip

33010

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 16TH 1979

5. FEI Number

59-1923038

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

CAMELIA VEGA

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

592 WEST 28TH STREET

Suite, Apt. #, Etc.

City

HTALEAH

State

FL

Zip Code

33010

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

REGISTERED AGENT MUST SIGN

Date

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
PTD	VEGA, CAMELIA	2261 WEST 53RD STREET, #2	HTALEAH, FL 33016-2047
VSD	VEGA, SIXTO JR.	2875 WEST 74TH PLACE	HTALEAH, FL 33018-5329

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: *Camelia Vega* CAMELIA VEGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 9TH, 2001 305-888-4311
Date Daytime Phone #

CR2E081 (9/01)