

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-03

700015442727  
04/08/03--01001--011 \*\*612.50

**DOCUMENT #**

723439

**1. Corporation Name**

ASSOCIATION OF GLASS AND GLAZING  
CONTRACTORS OF SOUTH FLORIDA, INC

**2. Principal Office Address**

100 Sunset Way

Suite, Apt. #, etc.

N/A

City & State

Miami Springs, Fl

Zip

33166

Country

USA

**3. Mailing Office Address**

100 Sunset Way

Suite, Apt. #, etc.

N/A

City & State

Miami Springs, Fl

Zip

33166

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/18/1972

**5. FEI Number**

596133719

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

ROBERT GENE SHULTZ

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

100 SUNSET WAY

Suite, Apt. #, Etc.

N/A

City

MIAMI SPRINGS

State

FL

Zip Code

33166

**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

*Robert Gene Shultz*  
REGISTERED AGENT MUST SIGN

Date 3/18/03

**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
PDC	ROBERT GENE SHULTZ	100 SUNSET WAY	MIAMI SPRINGS, FL 33166
VD	Sheila V. Booth	100 SUNSET WAY	MIAMI SPRINGS, FL 33166
D	SHELLEY MARIE SHULTZ	100 SUNSET WAY	MIAMI SPRINGS, FL 33166

**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:

*Robert Gene Shultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/03 305-888-8664

Daytime Phone #

CR2E081 (10/02)

97419