

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (050)222-9428

VISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Glass America Midwest Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Glass America Midwest Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (FB) number, if applicable) (State or country under the law of which it is incorporated) 08/25/04 5. Perpetual.
(Duration; Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5101 Darmstadt Road, Hillside IL 60162 Attn: David Roblfing (Principal office address) (Current mailing address) Glass repair and replacement services. (Purpose(s) of corporation sutherized in bome state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: Office Address: 1200 South Pine Island Road Plantacion .

10. Registered agent's acceptance:

Having been named as regimered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this expectly. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my fatter, and I am familiar with and accept the chligations of my position as registered agent.

> Michael J. Mitchell Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State/by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors;

A. DIRECTORS Director: Warren Haber c/o FEF Management Services, Inc., 711 Fifth Avenue, 5th Floor Address: ___ New York, NY 10022 Director: John Teeger c/o FEF Management Services, Inc., 711 Fifth Avenue, 5th Floor Address: ____ New York, NY 10022 David Mohlfing Director: 33 West Huron, #801 Address: ___ Chicago, IL 60610 Director: Address: B. OFFICERS President David Rohlfing Address 33 West Euron, #801, Chicago, IL 60610 Vice President: Xt/A Address: __ Scott Wills Secretary: ___ 1510 Weisbrook Road, Wheaton, IL 60187 Address: ____ N/A Treasurer: Address: _ NOTE: If necessary, you may exach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SEGRETARI OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLASS AMERICA MIDWEST INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN good standing and has a legal corporate existence so far as the RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAKES HAVE NOT BEEN ASSESSED TO DATE.

3846953 8300

AUTHENTICATION: 3458589

DATE: 11-05-04 27:SI 700Z-80-AON

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CT CORPORATION