

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 24 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002620

1. Corporation Name

Independent Glass Distributors, Inc.

2. Principal Office Address

7658 Philips Highway

Suite, Apt. #, etc.

Suite 500

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

609 Love Ave.

Suite, Apt. #, etc.

City & State

Tifton, GA

Zip

31794

Country

USA

REINSTATEMENT 01-03

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

5/21/1999

5. FEI Number

58-2453656

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

Keith Seamann

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

7658 Philips Highway

Suite, Apt. #, Etc.

Suite 500

City

Jacksonville

State

FL

Zip Code

32256

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

Keith Seamann

REGISTERED AGENT MUST SIGN

Date

11/20/03

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
P	Keith Seamann	7658 Philips Hwy., Suite 500	Jacksonville, FL 32256
T	Robert Massey	609 Love Ave.	Tifton, GA 31794
S	Greg Harten	609 Love Ave.	Tifton, GA 31794

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 Massey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03

Date

(229) 388-0009

Daytime Phone #

CR2E081 (10/02)