PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	<u>MC</u>	
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		FILED	
	Secretary of		Jan 14 1997 8:00 am	
DOCUMENT # H90778			Secretary of State	
1. Corporation Name GLASS INC.				
GREEN GLASS INTO.				
Principal Place of Business Mailing Address				
Principal Place of Business 10885 S.W. 954 St. MIAMI, FL 33176 SAME				
TILATIT, C C C			CINCTATEMENT 34-96	
If above addresses are incorrect in any way, line th		1	DO NOT WRITE IN THIS SPACE MINU 1-15-17	
2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applic		cable	4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	
City & State	City & State		59-26/3103 Not Applicable	
Zip Country	Zip Coun	trý .	CERTIFICATE OF STATUS DESIRED 28.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director 1 2 3 (Do NOT Use Post Office Box Nu				
P-D WARREN KELLY 11461		.w. 93 St	MIAMI, FL 33176	
VP-D HARVEY BASSIN 16031 BE		LATT BLUD	MIAMI, FL 33176 -*101 FF. LANDERDALE, FL 33326	
			8000020596880	
			****775.00 ****775.00	
			8000020596880	

8. Name and Address of Current	Registered Agent	9	e. Name and Address of New Registered Agent	
WARKEN KELLY 10885 S.W. 95ST.		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FC 33/76		Sulle, Apt. #, Etc.		
City			State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent Concern Aller Begistered Agent MUST SIGN REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes Vo (See other side for information on intangible tax.)				
12. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-				
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same lead effect as if made				
SIGNATURE: Derufflelly WARAD B. Kelly 12-22-96 367-6720				
SIGNATURE: CONFRED B. Kelly 72-22-46 367-6720				