		DEAD ALL INO	TOLIOTIONS		OMPLET!	NO THIS EO	DM		
APPLICATION FOR		FLORIC	ALL INSTRUCTIONS B FLORIDA DEPARTMENT Sandra B. Morth Secretary of Sta DIVISION OF CORPORA		FI	MPLETING THIS FORM. FILED 96 OCT -7 PM 4: 32			
DOCU		J98381			96 OCI -	ARY OF STATE SSEE, FLORIDA	A		
SUN (T CAST GLASS Pi	inting , INC. Rotection			ALLA				
Principal Place of Business 1840 HYPOLUXO RD SUITE A-14 LANTANA FL 33462		Mailing Add 1840 HYPO SUITE A-1	Mailing Address 1840 HYPOLUXO RD SUITE A-14 LANTANA FL 33462						
If above a	ddresses are incorrect in any ncipal Office Address, If Appli	way, line through incorrect cable 3. New Ma	information and enter of illing Office Address, If	correction below. Applicable	Date Incorpo To Do Busin	orated or Qualified ess in Florida	10/21/1987	,	
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. FEI Number Applied For				
City & State			City & State Zip Country		59-2858315 Not Applicable 6. \$8.75 Additional Fee required				
Zip	Country				<u> </u>	OF STATUS DESIRED	for a Certifica	te of Status	
Title(s) 1 2		Officers	or Director (Florida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		1	4	City / State / Zip		
D	SABAC, STEVE		6192 WINDLASS CIRCLE		BOYNTON BEACH FL				
					4	000019 -10/18/ ****22	'9601051 -		
	B. Name and Address	s of Current Registered A	gent		9. Name and A	Address of New Regi	stered Agent		
SABAC, STEVE 6192 WINDLASS CIRCLE BOYNTON BEACH FL 33437 10. I, being appointed the registered agent of the above named corporation, am familiar with				Suite, Apt. #, Etc	·	is Not Acceptable)	State Zip Code	CR2E040 (7/96)	
Signature of Registered	Agent Aff	REGISTERED A	AGENT MUST SIGN		bbligations of Secti	On 607.0505, F.S.	196		
	es this corporation of Revenue u					<u> </u>	other side for inform on intangible tax.)		
this rein	that I am an officer or director statement application, the re y the corporation have been application is true and accura	ason for dissolution has be naid and the names of indi-	en eliminated, the corp viduals listed on this lo	orate name satisties m do not qualify for	s the requirements r an exemption un	of section 607.0401	or 617.0401, F.S., m	iai aii iees į	
SIGNA	TURE: SIGNATURAN	TYPED OF PRINTED NAME O	F SIGNING OFFICER OR	DIRECTOR		0/1/94 (561) 533 - 8 Daytime Phone	1842	

SUN COAST GLASS PROTECTION INCORPORATED

October 1, 1996

To Whom It Concerns:

Per a phone conversation with your department, I am sending in my request for reinstatement as a corporation. We mailed the original report and check for \$225.00 on May 8, 1996. This check was never cashed, so I guess the mail was lost in route.

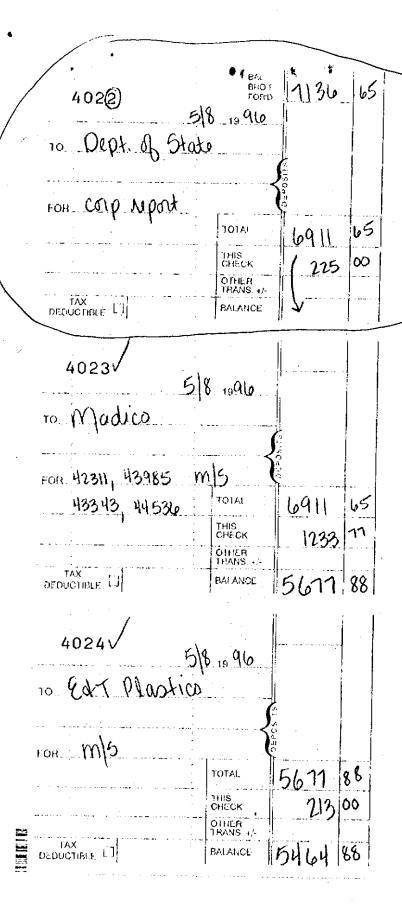
I appreciate you waiving the reinstatement fee. I have enclosed a new check for \$225.00. We also applied for an ammendment to change our name and have received verification of this. I have marked the new name on the form. If I need to do anything further, please contact me at the address and number below.

Thanks.

Rebecca Sabac

Shon

Repecca Japan



anoct up