

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L22716**

1. Corporation Name

SHEA'S AUTO GLASS, INC.

Principal Place of Business

**1313 NW 4TH PLACE
GAINESVILLE FL 32603-1976**

Mailing Address

**1313 NW 4TH PLACE
GAINESVILLE FL 32603-1976**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

10/13/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3017237

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALL, IRWIN	1313 NW 4TH PLACE	GAINESVILLE FL
P	HALL, ESTELLE R.	1313 NW 4TH PLACE	GAINESVILLE FL

400008512754
10/22/02--01050--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HALL, IRWIN
703 NORTH MAIN STREET
SUITE A
GAINESVILLE FL 32601**

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

352-373-3686

01 10/24/02

CR20040 (8/02)



October 21, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find the application for reinstatement and a check in the amount of \$150.00 for the cost of the annual report fee of \$61.25 and corporate supplemental fee of \$88.75. We did not receive the first or second uniform business report notices. If you require additional information please contact me at 904-284-5675.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael V. Gilbert", written over a horizontal line.

Michael V. Gilbert
President