

APPLICATION
' FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

MIRRORED IMAGES GLASS & MIRROR, INC.

Principal Place of Business	Mailing Address
226 POINSETTA ST	226 POINSETTA ST
JACKSONVILLE, FL 32233	ATLANTIC BEACH, FL 32233

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

2. New Principal Office Address, If Applicable 117 POINSETTA STREET Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 117 POINSETTA STREET Suite, Apt. #, etc.
--	--

4. Date Incorporated or Qualified
To Do Business in Florida 12/20/1989

City & State ATLANTIC BEACH, FLORIDA	City & State ATLANTIC BEACH, FLORIDA
---	---

5. FEI Number	Applied For
59-2982324	Not Applicable

Zip	Country	Zip	Country
32233	USA	32233	USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPTS	CAMPBELL U. CARTER	402-A SHERRY DRIVE	ATLANTIC BEACH, FL 32239
			100002178611--5
			-05/14/97--01098--011
			***1245.00 ***1245.00
			DB 5-13-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVEN M. DUNELAN
3030 HARTLEY ROAD, SUITE 200
JACKSONVILLE, FLORIDA 32257

Name
CAMPBELL U. CARTER

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

Suite, Apt. #, Etc.

City	State	Zip Code
ATLANTIC BEACH	FL	32233

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

Campbell U Carter

REGISTERED AGENT MUST SIGN

Date _____

4/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(l), 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: Campbell U. Carter, CAMPBELL U. CARTER 4/30/97 (904)241-9637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2F040 (12/06)