APPLICATION FOR DOCUMENT # L59100 1. Corporation Name FIRST CLASS AUTO GLASS INC. Principal Place of Business C/O FRANK MILASINOC 4316 N DOIE HWY. OAKLAND PARK FL 33334-3822 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 3. New Mailing Office Address. If Applicable 3. New Mailing Office Address. If Applicable 4. Date Incorporated or Qualified To Do Business in Florids Suite. Api. If, etc. 5. FEI Number 6. Certificate of Status Desired Status Desired Status Desired or Qualified To Do Business in Florids 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. OCCURRENT FILED 9. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. OCCURRENT FILED 1. OCCURRENT FILED 9. OCCURRENT FILED 1. OCCURRENT FILED 9. OCCURRENT FILED 1. OCCURRENT FILED 9. OCCURRENT FILED 9. OCCURRENT FILED 1. OCCURRENT FILED 9. OCCURRENT FILED 1. OCCURRENT FILED 1. OCCURRENT FILED 9. OCCURRENT FILED 1. OCCURRENT FILED 1. O	PLEASE READ /	L INSTRUCTIONS BEFORE (COMPLETING THIS FORM.
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Principal Place of Business C/O FRAM MILASNOC 4316 N DIDE HMY OAKLAND PARK FL 33334-822 OAKLAND PARK FL 33334-822 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 7 New Principal Office Address If Applicable 1 Is above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address If Applicable 3 New Malling Office Address. If Applicable 5 Usits. Api #, etc. City & State City State / Country 7 Names and Street Addresses of Each Officer and/or Director (Fonds nonprofit corporations must life at feed 3 directors) Name of Officers Name of Officers Name of Officers Aliasnotic, FRANK 4316 N. DOZE HIGHWAY OAKLAND PARK FL Street Address of New Registered Agent Name MILASINCIC, FRANK 4316 N. DOZE HIGHWAY OAKLAND PARK FL Street Address of New Registered Agent Name MILASINCIC, FRANK 4316 N. DOZE HIGHWAY OAKLAND PARK FL Street Address of New Registered Agent Name 10 1 being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 6505, F. S. Sepatate of Registered Agent Date 1 (2 1 3 7 9 9	1. Corporation Name		SECRETARY OF STATE
C/O FRANK MILASINCIC 4316 N. DODE HWY. OALAND PARK FL 333344 Applicable Suite, Apt. #, etc. City & State City & State & City & State City & State & City	FIRST CLASS AUTO GLASS IN		MELANASSEE, FLORIDA
OAKLAND PARK FL 33394-9822 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 To Do Business in Florida O3/20/1990 5. FEI Number 6. O1899 16 6. CERTIFICATE OF STATUS DESIRED Title(s) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Signal Address of Status Desired Non Application Signal Address of Status Desired OAKLAND PARK FL ODDIO DO O O AREA TO OFFI DESIRED B. Name and Address of Current Registered Agent Name of Officers A 316 N. DDGE HIGHWAY OAKLAND PARK FL Signal Address (P.O. Box Number is Not Acceptable) State Zip Code FL City Stat	Principal Place of Business Malling Address		-
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Suite, Apt. #, etc. City & State Street Address of Each Officer and/or Director's and/or Direc			Date Incorporated or Qualified
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2ip Country Zip Country CERTIFICATE OF STATUS DESIRED State Address of State	City & State	ty & State	65-0189916 Not Applicable
Name of Officers and/or Directors 3 Street Address of Each Officer end/or Director 4 City / State / Zip D MILASINCIC, FRANK 4316 N. DDDE HIGHWAY OAKLAND PARK FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MILASINCIC, FRANK 4316 N. DDDE HIGHWAY Street Address of New Registered Agent Name Name Street Address of Each Officers 4 City / State / Zip Name Name Street Address of Each Officers 4 City / State / Zip Name Name Name Street Address of New Registered Agent Name Name Street Address of State / Zip Code FL City State / Zip Code FL State Zip C	Zip Country	Country	
8. Name and Address of Current Registered Agent **Name** Sireet Address** (P.O. Box Number is Not Acceptable) **Sireet Address** (P.O. Box N	Name of Officers Title(s) and/or Directors	Street Address of Each Officer and/or Director	h City / State / Zip
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent MILASINCIC, FRANK 4316 N. DIXIE HIGHWAY OAKLAND PARK FL 33334 Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Date 10 - 13 - 7 9	D MILASINCIC, FRANK	4316 N. DIXIE HIGHWAY	OAKLAND PARK FL
MILASINCIC, FRANK 4316 N. DIXIE HIGHWAY OAKLAND PARK FL 33334 Suite, Apt. #, Etc. City State Zip Code FL 10. 1, 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 Date 10.13.99			-10/29/9901085006 ****150.00 ****150.00
MILASINCIC, FRANK 4316 N. DIXIE HIGHWAY OAKLAND PARK FL 33334 Suite, Apt. #, Etc. City State Zip Code FL 10. 1, 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 Date 10.13.99	Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent
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Registered Agent Date // Statistics Date // Statist	10. 1, being appointed the registered agent of the above	amed corporation, am familiar with and accept the c	
	Registered Agent	Mannuc	Date
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 indicat on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **Construct Remember 1.1.** **Construct Remember 1.1.** **Construct Remember 1.1.** **Construct Remember 1.1.* **Constr	this reinstatement application, the reason for disso owed by the corporation have been paid and the n	n has been eliminated, the corporate name satisfies so of individuals listed on this form do not qualify for irre shall have the same legal effect as if made unde	s the requirements of section 607.0401 or 617.0401, F.S., that all fees r en exemption under section 119.07(3)(i), F.S. The information indicated er oath.
SIGNATURE: 16-13-99 954-568-219 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNATURE: SIGNATURE AND TYPED OR PHAI	NAME OF SIGNING OFFICER OR DIRECTOR	16 · 13 · 99 954 · S65 - 2191 Date Daytime Phone #

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To: Florida Dept of State Devision of Corporations

I am writing you this letter in reguards to the annual report that should have been sent out by may 1, 1999.

This report was not overlooked I just honestly mene recieved it or the follow up warning letter. I spoke to someone in your department that assured me both notices were sent out.

In sending a check for the original 150° that wer due. I sincerly hope you accept this even thought we are 5 months late. It was honestly not intentional and I would have called if I had remembered I was supposed to have this form. But there are so many different forms to remember! I know I won't forget it next year! The mail has been pretly back in our area lately. Who knows where it may have ended up.

Thank you

arrie L Doty Office Manager)

4316 N. Dixle Highway • Ft. Lauderdale, Florida 33334 • (305) 568-2192 • Fax (305) 568-3814