

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

James B. Northon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M67168

1. Corporation Name

Whalen's Glass, Inc.

Principal Place of Business

247 Field Avenue
Sarasota, FL 34230

Mailing Address

247 Field Avenue
Sarasota, FL 34230

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/88

5. FEI Number

65-0030183

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/P/S	Penny Whalen	247 Field Avenue	Sarasota, FL 34230
T			

8. Name and Address of Current Registered Agent

Gary D.
Penny Whalen
247 Field Avenue
Sarasota, FL 34230

9. Name and Address of New Registered Agent

Name
Gary Whalen
Street Address (P.O. Box Number is Not Acceptable)
247 Field Ave.
Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34230

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

Gary D. Whalen

REGISTERED AGENT MUST SIGN

Date 12/12/97

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Penny Whalen

12/12/97
Date

Daytime Phone #

FILED
97 DEC 17 PM 12:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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***1245.00 ***1245.00

REINSTATEMENT 94-97

VS DEC 22 1997

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