

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAY 21 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

M86277

1. Corporation Name

PLASTIGLAS, INC.

Principal Place of Business

c/o Charles P. Sacher, Esq.  
Sacher, Martini & Sacher, P.A.  
2655 LeJeune Road, Suite 1101  
Coral Gables, Florida 33134

Mailing Address

c/o Sacher, Martini &  
Sacher, P.A.  
2655 LeJeune Road, #1101  
Coral Gables, FL 33134

000002532800--6  
-05/22/98--01016--006  
\*\*\*1208.75 \*\*\*1208.75

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

06/13/98

5. FEI Number

65-0053193

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Schreiber, Bernd	2655 LeJeune Road, Suite 1101	Coral Gables, Florida 33134
D/S	Schreiber, Sona Stella Acevedo de	2655 LeJeune Road, Suite 1101	Coral Gables, Florida 33134
VP	Herring, John J.	PO Box 1005 (N/A)	Shalimar, Florida 32579

REINSTATEMENT

95-98  
96 5-21-98

8. Name and Address of Current Registered Agent

Charles P. Sacher, Esq.  
2655 LeJeune Road, Suite 1101  
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

Charles P. Sacher

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

John J. Herring  
JOHN J. HERRING, Vice President

Date

(850) 651-6773

Daytime Phone #

CR2003 (1/98)