

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 04-05

DOCUMENT # P00000012127

1. Entity Name
ALFA GLASS & MIRROR CORP.



Principal Place of Business
2215 N.W. 22 COURT
MIAMI, FL 33141

Mailing Address
2215 N.W. 22 COURT
MIAMI, FL 33141

2. Principal Place of Business

2210 NW 14 St

3. Mailing Address

Suite, Apt. #, etc.

BAY # 7

City & State
MIAMI FL

Suite, Apt. #, etc.

City & State

Zip
33122

Country
Dade

Zip

Country

01242005

REIN-P

CR2E098 (6/04)

4. FEI Number
65-0978749

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGAS, MARTHA L
2215 N.W. 22 COURT
MIAMI, FL 33141

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME VARGAS, JESUS ALBERTO
STREET ADDRESS 2215 N.W. 22 COURT
CITY - ST - ZIP MIAMI, FL 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME VARGAS, MARTHA L
STREET ADDRESS 2215 N.W. 22 COURT
CITY - ST - ZIP MIAMI, FL 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

500049827945
04/04/05--01081--025 **300.00

[Signature]

1-27-2005 786-273-5778