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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT <i>20202020</i>		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 02 DEC 13 PM 12:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000009738000 12/30/02--01060--002 **150.00	
DOCUMENT # <i>P000000017112</i>					
1. Corporation Name <i>Quick Auto Glass, Inc.</i>					
2. Principal Office Address <i>1545 SE 15th St.</i>			3. Mailing Office Address <i>(SAME)</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Ft. Lauderdale, FL</i>			City & State		
Zip <i>33316</i>	Country <i>USA</i>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <i>-02/14/2000</i>	
5. FEI Number <i>65-0987118</i>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <i>Michael Butler</i>					
Street Address (P.O. Box Number is Not Acceptable) <i>1545 SE 15th St.</i>					
Suite, Apt. #, Etc.					
City <i>Ft. Lauderdale, FL</i>				State FL	Zip Code <i>33316</i>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
<i>PD</i>	<i>Michael Butler</i>	<i>1545 SE 15th St.</i>	<i>Ft. Lauderdale, FL 33316</i>		
10. 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: <i>[Signature]</i> DATE <i>954-80-9906</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (9/01)

Payor

November 12, 2002

State of Florida
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Mr. Tyrone Scott:

Please find enclosed a re-instatement form and a check to the Secretary of State for \$150 for my corporation. I did not receive the notice to initially register the corporation for the current year. I would respectfully request that the late fee be waived.

Sincerely,

Mark Gustaf