

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO00000017112
Quick Auto Glen

2. Principal Office Address

1545 SE 15th St.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale

City & State

Zip

33316

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/00

5. FEI Number

65-0987118

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Mike Butler

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

1545 SE 15th St.

Suite, Apt. #, Etc.

City

FT. Lauderdale, FL

State

FL

Zip Code

33316

800024189058

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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

Mike Butler

Date

9/2/03

REGISTERED AGENT MUST SIGN

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
P.	Mike Butler	1545 SE 15th St.	FT. Lauderdale, FL 33316

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:

X Mike Butler

Date

9/2/03

Daytime Phone #

CR2E081 (10/02)



Pembroke Pines Professional Centre
9050 Pines Blvd. #450
Pembroke Pines, FL 33024
(954) 450-9906
FAX (954) 450-9908
E-mail fransonph@earthlink.net

October 19, 2003

Florida Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32399

To Whom It May Concern:

My name is Paul Franson and I am the accountant for Quick Auto Glass, Inc. The owner of the business did not receive the 2003 UBR. We would respectfully request that the penalties be abated. Please find a reinstatement for 2003 and a check for \$150.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Franson", with a long, sweeping horizontal line extending to the right.

Paul Franson, CPA