

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

05 JUN 24 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000050948

**1. Corporation Name**

THE GLASS MASTER OF SOUTH WEST FLORIDA INC.

**2. Principal Office Address**

6160 PAINTED LEAF LN

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

COLLIER

**3. Mailing Office Address**

6160 PAINTED LEAF LN

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

COLLIER

**REINSTATEMENT** 01-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/23/00

**5. FEI Number**

59-3643575

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

KENNETH LEITER

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

6160 PAINTED LEAF LN

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

**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

*Kenn Leiter*

Date 6/20/05

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
PRES	KEN LEITER	6160 PAINTED LEAF LN	NAPLES FL 34116

**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:

*Kenn Leiter* Ken Leiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/05

Daytime Phone #

239-597-1533

CR2E081 (01/05)