

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 24 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000099600

1. Corporation Name

ISLAMORADA Hot Glass Inc.

2. Principal Office Address

81905 overseas Italy

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. 1188

Suite, Apt. #, etc.

City & State

ISLAMORADA, Florida

City & State

ISLAMORADA, Florida

Zip

33036

Country

U.S.A

Zip

33036

Country

USA

REINSTATEMENT 02-03

100016965321

04/24/03--01063--010 \*\*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

05-01

5. FEI Number

52-2280251

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

David F. Stifel

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

123 Coral Ave.

Suite, Apt. #, Etc.

City

Tavernier

State  
**FL**

Zip Code

33070

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

[Signature]

Date 04-21-03

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
Pres.	<u>DAVID F. STIFEL</u>	<u>123 Coral Ave.</u>	<u>Tavernier, FL 33070</u>

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03

Date

305-517-9625

Daytime Phone #

CR2E081 (10/02)