

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000058818 1. Entity Name GLASS, MIRRORS & MORE, INC.						FILED 06 OCT 17 AM 8:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 06	
Principal Place of Business 2912-3 CRESCENT DRIVE TALLAHASSEE, FL 32301				Mailing Address 2912-3 CRESCENT DRIVE TALLAHASSEE, FL 32301			
2. Principal Place of Business 142 Old Barbours Rd Suite, Apt. #, etc.		3. Mailing Address 142 Old Barbours Rd Suite, Apt. #, etc.					
City & State Monticello FL Zip 32344		City & State Monticello, FL Zip 32344		4. FEI Number 59-3724677		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent O'STEN, J C 2900 E. PARK AVE. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Sam McKown Street Address (P.O. Box Number is Not Acceptable) 142 Old Barbours Rd City Monticello FL Zip Code 32344			
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] <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 10/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCKOWN, SAM <input type="checkbox"/> Delete 2912-3 CRESCENT DR. TALLAHASSEE, FL 32301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 142 Old Barbours Rd Monticello, FL 32344 800081149206 10/24/06--01029--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 10/17/06 <small>Date</small>			