

2006 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

06 SEP 20 3:59

TALLAH

DOCUMENT # P01000085848

1. Entity Name
DADE-COUNTY GLASS & MIRROR CORPORATION



Principal Place of Business
**6745 SW 8TH STREET
MIAMI, FL 33144**

Mailing Address
**6745 SW 8TH STREET
MIAMI, FL 33144**

2. Principal Place of Business
Some

3. Mailing Address
Some

Suite, Apt. #, etc.

City & State

Zip Country



09262006 REIN-P CR2E008 (11/05) 2006

4. FEI Number
65-1127368

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BARO, ANGEL
6745 SW 8TH STREET
MIAMI, FL 33144**

7. Name and Address of New Registered Agent
Name **Angel Baro**
Street Address (P.O. Box Number is Not Acceptable)
6745 SW 8th
City **Miami** FL Zip Code **33144**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **9/26/06**

**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	P BARO, ANGEL 6745 SW 8 STREET MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600080313736 09/29/06--01070--008 **150.00 <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
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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **9/26/06** Daytime Phone #

282

AFFIDAVIT WITH JURAT

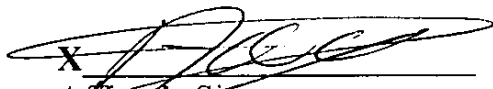
Date: July 15, 2006

RE: DOCUMENT # P01000085848

**State of Florida
County of Miami-Dade**

**The purpose of this letter is to acknowledge that I, Angel Baro,
President of Dade-County Glass & Mirror Corp located at 6745 SW 8
Street in Miami, Florida 33144 and properly identified declare under
oath declare that:**

**I mailed the Uniform Business Report with a check for \$150
which never cleared my bank. For this reason I ask that
you accept a duplicate check in the amount of \$150. If there
are any inquiries please contact my Accountant JANET
VASALLO at your convenience (305) 643-2482.**

X 
Affiant's Signature



NOTARY PUBLIC

