

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085848

1. Corporation Name

DADE-COUNTY GLASS & MIRROR CORPORATION

2. Principal Office Address

6745 SW 8 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33144

Country

USA

3. Mailing Office Address

1212 SW 2 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1127368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200016675242
04/22/03--01064--033 **900.00

7. Name and Address of Current Registered Agent

Name

ANGEL BARO

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

6745 SW 8 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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 4-4-03

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	Angel Baro	6745 SW 8 Street	Miami, FL 33144

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*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03

Date

Daytime Phone #

CR2E081 (10/02)