2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED. DOCUMENT # P01000096051 1. Entity Name 06 OCT -9 PM 2: 22 SPACE COAST AUTO GLASS, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1606 LARA ST NE 1606 LARA ST NE PALM BAY, FL 32907 PALM BAY, FL 32907 2. Principal Place of Business 3. Mailing Address CR2E098 (11/05) - 07 Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P 10022006 City & State City & State 4. FEI Number 59-3746438 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMOES, SCOTT A 1606 LARA ST NE Street Address (P.O. Box Number is Not Acceptable) PALM BAY, FL 32907 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Change TITLE ☐ Defete TITLE Addition SIMOES, SCOTT A NAME NAME 700080635737 1606 LARA STINE STREET ADDRESS STREET ADDRESS 10/09/06--01035--023 **150.00 CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP 12. Thereby 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. 10-2-04 Date SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone F

SPACE COAST AUTO GLASS, INC. 1601 Lara St NE Palm Bay, Florida 32907

October 2, 2006

 Division of Corporation PO Box 6227 Tallahassee, FL 32314

RE: UBR for SPACE COAST AUTO GLASS, INC.

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 and information for my Uniform Business Report. I respectfully request your forbearance for my late filing, but I never received a reminder for my annual report.

I thank you for your help in this matter.

Very truly yours,

Scott A. Simoes