

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098796

1. Corporation Name

UNITED GLASS & ALUMINUM CORP.

2. Principal Office Address

7750 W. 24TH AVE

Suite, Apt. #, etc.

Suite #22

City & State

Hialeah, Florida

Zip

33016

Country

DADE

3. Mailing Office Address

7750 W 24TH AVE

Suite, Apt. #, etc.

Suite #22

City & State

Hialeah, Florida

Zip

33016

Country

DADE

900008939319
11/12/02--01103--025 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2001

5. FEI Number

65-1144647

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

CARLOS DEL VALLE

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

190 W. 52ND STREET

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date 10/30/02

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	CARLOS DEL VALLE	190 W. 52 ND STREET	Hialeah FL. 33012

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS DEL VALLE

Date

10/30/02 (305) 822-8506

Daytime Phone #

CR2E081 (9/01)

UNITED GLASS & ALUM. CORP.

DIVISION OF CORPORATIONS

Dear Sr./ I did not receive the two prior uniform business report notices.
Please accept my apologies.
Thank you for help in this mater

Mr. Carlos Del Valle pres.

A handwritten signature in black ink, appearing to read "CDV", followed by the word "Pres." written in a cursive script. The signature is positioned above a horizontal line.