

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2001

5. FEI Number

651144647

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

DEL VALLE CARLOS

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

Carlos Del Valle

REGISTERED AGENT MUST SIGN

Date 08/29/05

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | CARLOS DEL VALLE | 190 W. 52ND STREET | HIALEAH, FL. 33012 |
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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:

Carlos Del Valle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS DEL VALLE "P" 08/29/05(305) 822-8506

Date

Daytime Phone #