

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 PM 3:41

DOCUMENT # P01000112002

1. Corporation Name

Strongglass, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

323 Ives Dairy Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite # 6

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

33179

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida 1/01/2002

5. FEI Number
80-0005474

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

Luis A. Russi

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

323 Ives Dairy Rd.

Suite, Apt. #, Etc.

Suite # 6

City

Miami, FL 33179-3348

State
FL

Zip Code

33179-3348

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]
REGISTERED AGENT MUST SIGN

Date 2-26-2004

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	Luis A. Russi	323 Ives Dairy Rd. Unit # 6	Miami, FL 33179-3348

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]

2-26-2004

786-200-7989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (01/04)

Miami, FL - February 26, 2004

Florida Department of State
Secretary of State
Division of Corporations

Ref. **Corporation Reinstatement/
Uniform Business Report 2003**

Dear Sirs:

Enclosed you will find both the Corporation Reinstatement Form for Strongglass, Inc (Document P01000112002) and a check for \$300.00.

I am also asking you to waive the Reinstatement Fee, since I never received the 2003 Uniform Business Report form.

I thank you in advance for your help and cooperation,

A handwritten signature in black ink, appearing to read "Luis A. Russi", with a horizontal line drawn underneath it.

Luis A. Russi
Strongglass, Inc.
President