

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000007340**

1. Corporation Name

ALLRITE AUTO GLASS, INC.

Principal Place of Business

Mailing Address

930-A MCDONALD RD
PORT ORANGE FL 32129

930-A MCDONALD RD
PORT ORANGE FL 32129

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BUCKLEY, DAVID T	930-A MCDONALD RD 2520 S. RIDGEWOOD AVE # A	PORT ORANGE FL 32129 SOUTH DAYTONA FL 32119-3536
D	O'CONNELL, RICK B	930-A MCDONALD RD 2520 S. RIDGEWOOD AVE # A	PORT ORANGE FL 32129 SOUTH DAYTONA FL 32119-3536

400023955294
10/20/03--01050--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR20040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. O. Box 353506
Palm Coast, FL 32135
Phone: (904)238-0108
Fax: (386) 788-8015

AllRite Auto Glass

October 17, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document # P99000069075

Please waive the reinstatement fee for the above referenced corporation. I started to work here the first of the year and did not know there is an annual fee for corporations in the state of Florida. I am from Ohio where there is no such fee. The dissolution papers were mailed to my boss' home which he brought to the office yesterday.

Thank you for your consideration.

Sincerely,

Carol J. Nickolas

Carol J. Nickolas
Bookkeeper
(386) 788-2885