

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 17 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013897

1. Corporation Name

AFFORDABLE AUTO GLASS OF
LAKELAND, INC.

2. Principal Office Address

227 TOWER ROAD

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33809

Country

POLK

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-02

5. FEI Number

30-0100149

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

ROBERT H. WILLIAMS

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

227 TOWER ROAD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33809

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

Robert H. Williams

REGISTERED AGENT MUST SIGN

Date

5-15-06

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
PVP, S,T	ROBERT WILLIAMS	227 TOWER Rd	LAKELAND, FL 33809
	<i>\$15124</i>		

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 contained in Chapter 119, 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:

Robert H. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-15-06

Daytime Phone #

AFFORDABLE AUTO GLASS OF LAKELAND, INC.

227 Tower Road
Lakeland, FL 33809

May 15, 2006

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To whom it may concern:

This letter is to notify you that we did not receive the annual report notice sent out in 2003 due in 2004. We had been having a problem with mail delivery during the time in question. In fact, the Polk County Sheriffs Office called to let us know of this problem in our area. Therefore, we are asking for the reinstatement fee to be waived.

We are enclosing payment of \$ 458.75, \$61.25 for the each year 2004, 2005 and 2006 for the Annual Report Fee and \$88.75 Corporate Supplemental Fee for each year 2004, 2005 and 2006. The additional \$8.75 is for a Certificate of Status. Our Document Number is P02000013897.

Thanking you in advance for your consideration.

Sincerely,

Robert Williams
President

Enclosures

