

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 20 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000017776**

1. Corporation Name

PERFECT IMAGE GLASS, INC

000066556250
02/24/06--01014--025 **308.75

2. Principal Office Address

15831 NW 52AV.

3. Mailing Office Address

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33014

Zip

Country

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

75-3008054

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

AVILA HERBERT

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

15831 NW 52AV

Suite, Apt. #, Etc.

302

City

MIAMI

State
FL

Zip Code

33014

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

2/14/06

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
PDT	AVILA HERBERT	15831 NW 52AV #302	MIAMI, FL 33014

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/06

Daytime Phone #

2 of 2

February 14, 2006

Uniform Business Report
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

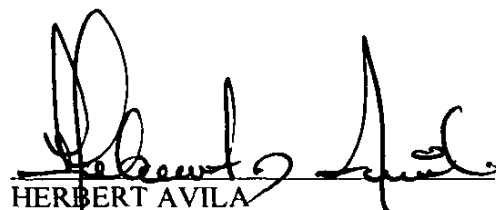
Re: Uniform Business Report & Reinstatement
PERFECT IMAGE GLASS, INC
P02000017776

Dear Sirs:

Attached please find Business Report and Reinstatement for above mention Corporation and check in the amount of \$ 308.75

We did not receive the 2005 business report in time to file. Please accept the attached Check in the amount of \$ 308.75 for 2005 and 2006 Uniform Business Report and Certificate of Status. Please, waive the fee for reinstatement.

If further information is needed please contact me phone number 305-522-1916



HERBERT AVILA
President
15831 NW 52 Avenue # 302
Miami, FL 33014