

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:19

DOCUMENT # **P02000034225**

1. Corporation Name

SUPER GLASS INC

Principal Place of Business

11020 SW 54 STREET
FORT LAUDERDALE FL 33328

Mailing Address

11020 SW 54 STREET
FORT LAUDERDALE FL 33328

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

2. New Principal Office Address, If Applicable
1908 TIGERTAIL BLVD

Suite, Apt. #, etc.

City & State
DANIA FL

Zip
33004

Country
USA

3. New Mailing Office Address, If Applicable
1908 TIGERTAIL BLVD

Suite, Apt. #, etc.

City & State
DANIA FL

Zip
33004

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2002

5. FEI Number

33-1001058

Applied For

Not Applicable

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
P	J STEVEN BLIND	11020 SW 54 STREET	FT LAUDERDALE FL 33328
VP	SCOTT C BLIND	1908 TIGERTAIL BLVD	DANIA FL 33004
VP	MICHAEL MORRISON	1908 TIGERTAIL BLVD	DANIA FL 33004

300024389163

11/03/03--01103--005 **758.75

8. Name and Address of Current Registered Agent

BLIND, JAMES S
11020 SW 54 STREET
FORT LAUDERDALE FL 33328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10/22/03**

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: **Y**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

954 9297250

Daytime Phone #

CR2E040 (7/03)