

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000062225

1. Corporation Name SUNCOAST GLASS AND
MIRROR Design CORP.

2. Principal Office Address
2725 Segrana dr
Suite, Apt. #, etc.

3. Mailing Office Address
2725 Segrana dr
Suite, Apt. #, etc.

City & State
Port St. Lucie FL
Zip 34952 Country St. Lucie

City & State
Port St. Lucie, FL
Zip 34952 Country St. Lucie

4. Date Incorporated or Qualified
To Do Business in Florida 6-5-2002

5. FEI Number 06-1663989
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 JEANNE T CARON
Street Address (P.O. Box Number is Not Acceptable)
420 COLORADO AVE
Suite, Apt. #, Etc.
City STUART FL State FL Zip Code 34994

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 Jeanne T Caron

Date 4/26/04

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>David Widman</u>	<u>2725 Segrana dr</u>	<u>Port St. Lucie, FL 34952</u>
<u>Secy</u>	<u>Kelly Donaldson</u>	<u>2725 Segrana dr</u>	<u>Port St. Lucie FL 34952</u>
<u>V.P.</u>			
<u>Treasurer</u>			

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:

David Widman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 772 692 3624

CR2E081 (01/04)

Suncoast Glass & Mirror Design, Corp.
2725 SE Grand Drive
Port Saint Lucie, FL 34952

Phone (772) 692-3624

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May 23, 2004

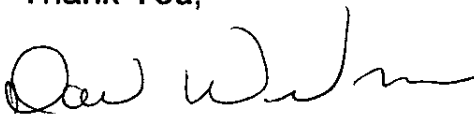
Division of Corporations
P. O. Box 6327
Tallahassee FL 34952

RE: Ref. # P02222262225

In response to your letter dated May 11, 2004, the business was incorporated in June of 2002, therefore, we did not receive the uniform business report / corporate annual report for 2003 and 2004.

If you should have any questions, please feel free to contact me at the above address or phone number.

Thank You,



David Widman

11/11/04

SPRING 2004

1/10/2005

THE OFFICE OF THE CLERK OF THE SUPREME COURT, JUDICIAL BRANCH, 1000 UNIVERSITY AVENUE, SUITE 1000, TALLAHASSEE, FL 32304-3000