

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 21 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097101

1. Corporation Name

SOUTHERN GLASS & ALUMINUM CORP.

Principal Place of Business

4060 LAMBS WAY
NAPLES FL 34116

Mailing Address

4060 LAMBS WAY
NAPLES FL 34116

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

2. New Principal Office Address, If Applicable

4375 ENTERPRISE AVE
Suite, Apt. #, etc. #B

City & State
NAPLES, Florida

Zip 34104 Country USA

3. New Mailing Office Address, If Applicable

4375 ENTERPRISE AVE
Suite, Apt. #, etc. #B

City & State
NAPLES, Florida

Zip 34104 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/2002

5. FEI Number

03-0482244

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
PRES	JOHN LAMB	4060 Lambs Way	Naples, Florida 34116
DIR	AARON SALEBURY	627 West Street	Naples, FL 34108

400023972934
10/21/03--01080--011 **750.00

8. Name and Address of Current Registered Agent

LAMB, JOHN
4060 LAMBS WAY
NAPLES FL 34116

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

John Lamb

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)