

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 NOV -1 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000006634

1. Corporation Name

JC GLASS CORPORATION

2. Principal Office Address
3506 W 80 ST

3. Mailing Office Address
3506 W 80 ST

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
HIALEAH

City & State
HIALEAH

Zip Country
FL 33018

Zip Country
FL 33018

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 01/17/2003

5. FEI Number 81-0593042
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
MARTIN, JOSE

Street Address (P.O. Box Number is Not Acceptable)
3506 W 80 ST

Suite, Apt. #, Etc.
102

City
HIALEAH

State Zip Code
FL 33018

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

REGISTERED AGENT MUST SIGN

Date 10/06/06

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
PD	MARTIN, JOSE	3506 W 80 ST # 102 HIALEAH, FL 33018	Hialeah, FL 33018
SD	CARBALLO, JOSE	3506 W 80 ST #102 HIALEAH, FL 33018	Hialeah, FL 33018

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05-06

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE MARTIN

10/06/2006

Date

Daytime Phone #