

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000008936	
1. Entity Name AMERICAN AUTO GLASS NETWORK, INC.	



FILED
07 NOV -2 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 11355 SW 53 TERR MIAMI, FL 33165	Mailing Address 11355 SW 53 TERR MIAMI, FL 33165
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2. Principal Place of Business - No P.O. Box # 873 Orchid Dr.	3. Mailing Address 873 Orchid Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT
10112007 REIN-P CR2E098 (1/07)

City & State Plantation, FL	City & State Plantation, FL
Zip 33317	Country USA
Zip 33317	Country USA

4. FEI Number 56-2312258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GORE, MAGDALENA 873 ORCHID DR PLANTATION, FL 33317	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORE, MAGDALENA 873 ORCHID DR PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111601552 11/02/07--01004--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DIAZ, ANA B 11355 SW 53 TERR MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Gore, President 10/29/07 305-567-9258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell NOV 2 2007