

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -3 PM 3:09

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000059270

**1. Corporation Name**

ANTHONY'S GLASS & SCREEN REPAIR, INC.

4930 OLD WINTER GARDEN ROAD  
N/A

**2. Principal Office Address**

4930 OLD WINTER GARDEN ROAD

**3. Mailing Office Address**

N/A

Suite, Apt. #, etc.

F

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

32811

Country

ORANGE

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 05/30/2003

**5. FEI Number**

58-2670590

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

04

**7. Name and Address of Current Registered Agent**

Name

SPIEGEL & UTRERA, P.A.

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

1840 SW 22ND STREET

Suite, Apt. #, Etc.

4TH FLOOR

City

MIAMI

State  
FL

Zip Code  
33145

**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

**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
PSTD	-MASON, WELLESLEY A	4930-OLD WINTER GARDEN ROAD,	ORLANDO, FLORIDA 32811

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREs.

Date

10/20/04

Daytime Phone #

CR2E081 (01/04)

11/9/00

212

ANTHONY'S GLASS AND SCREEN REPAIR  
4930 OLD WINTER GARDEN RD  
ORLANDO, FLORIDA 32811

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November 1, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: Anthony's Glass & Screen Repair Inc.  
Ref: Number: P03000059270

We regret to inform you that we did not receive the first or second notification due for the reinstatement of the business corporation.

I have spoken to someone in your establishment in concerns to this matter, and was informed to send this letter along with the application asking if the fee for the reinstatement could be waived, due to not receiving official notice.

I am now aware that in order for this action not to happen again, that we would have to have the proper document sent into you before the expiration date for recertification.

Again, thank you for your interest in taking the appropriate steps in ensuring that this matter is handle properly.

Anthony Mason,

 11/01/04