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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000071965				
1. Corporation Name USA GLARE CONTROL CORP.				
2. Principal Office Address 415 NW 109 Ave		3. Mailing Office Address 415 NW 109 Ave		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		
Zip 33026	Country USA	Zip 33026	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 06/27/2003				
5. FEI Number 92-0194304				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name Decespedes, Charlie				
Street Address (P.O. Box Number is Not Acceptable) 415 NW 109 Ave				
Suite, Apt. #, Etc.				
City Pembroke Pines			State FL	Zip Code 33026
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 <i>[Signature]</i>			Date 05/01/2006	
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
P	Decespedes, Charlie	415 NW 109 Ave		Pembroke Pines, FL 33026
V	Decespedes, Ricardo	415 NW 109 Ave		Pembroke Pines, FL 33026
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: <i>[Signature]</i>		Date 05/01/2006		Daytime Phone # (786)547-6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

2 of 2


USA GLARE CONTROL CORP.
415 NW 109 AVE
PEMBROKE PINES, FL 33026

May 3, 2006

Department of State, Division of Corporations

This letter may serve as a notice that we did not received the annual report notices in the past years of dissolution of this corporation document # P03000071965. attached is the reinstatement form filled out, the annual report and corporate supplemental fees for 2004, 2005 and 2006.

Annual Report Fees (for 04, 05 and 06)	\$183.75
Corporate Supplemental Fees (for 04, 05 and 06)	\$266.25
Total	\$450.00



Charlie Decespedes
President

