

45 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DEC -9 PM 2:06
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PD3000073687
Zoom Glass, Inc.

REINSTATEMENT 04-05
TROBRO DEC 09 2005

2. Principal Office Address

606 West 81 St.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Ste. 125

Suite, Apt. #, etc.

"

City & State

Thalcah

City & State

"

Zip

FL

Country

33014

Zip

"

Country

"

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/03

5. FEI Number

20-D122551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Armando Garcia

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

606 West 81 St.

Suite, Apt. #, Etc.

Ste 125

City

Thalcah

State

FL

Zip Code

33014

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

[Signature]

Date

12- -05

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
PD	Armando Garcia	606 W. 81 St. Ste 125	Thalcah, FL 33014

500062122405
12/13/05--01048--000 **300.00

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/6/05

Daytime Phone #

P3 282

ZOOM GLASS, INC.
606 WEST 81 STREET, STE 125
HIALEAH, FL 33014

December 2, 2005

Florida Department of State
Division of Corporations

Re: Zoom Glass, Inc..
Document # P03000073687

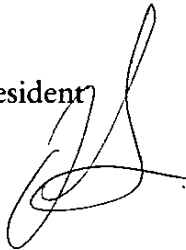
To Whom It May Concern,

As instructed by your offices I'm sending a request to reactivate my Corporation. Please be advised that I never received an Annual Report for 2004-2005 to renew my corporation. Please accept this letter as a request to waive the penalty fee.

I apologize for the misunderstanding and thank you in advance for your attention in this matter.

Cordially,

Armando Garcia, President

A handwritten signature in black ink, appearing to be 'Armando Garcia', written over the printed name.