

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -5 AM 9:02

DOCUMENT # PO3000101063

1. Corporation Name

SAFETY Glass And
Windshields INC

REINSTATEMENT
05-06

2. Principal Office Address

1419 Gulfstream Cir
834 Erie Ave

3. Mailing Office Address

PO Box 261

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Bradon FL

City & State

HTon NY

Zip

33511

Country Hill Suite

Zip

14120

Country

Nigeria

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 15 03

5. FEI Number

206227674

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

incorporate USA INC 727-784-1458

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

3150 Sandy Ridge GedR

Suite, Apt. #, Etc.

City

Clearwater

700083419467
01/05/07 01058 006 ***000.75
FL 33761

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

Catherine Whittington

Date 12/11/06

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	Catherine Whittington	1419 Gulfstream Cir #203 834 Erie Ave	Bradon FL 33511 ATon NY 14120
T	Catherine Whittington	1419 Gulfstream Cir	Bradon FL 33511
S	Catherine Whittington	1419 Gulfstream Cir	Bradon FL 33511

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:

Catherine Whittington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/06

Date

7163487915

Daytime Phone #

I never Received the forms
to fill out and send in
that is why I am filing
late any questions please
Call my Cell # 716 348 7915
or my office 1800 816 1679

Thankyou
Catherine LeThurgton