APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 APR 23 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000105454

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04/30/07--01003--001 **450.00

W07000019627 **REINSTATEMENT** 05-07

CR2E 091 (12/05)

1. Corporation Name
Glass Image Inc

2. Principal Office Address	3. Mailing Office Address
13716 SW 50 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar FL	City & State
Zip: 33027 Country: Broward.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/0/03

5. FEI Number: 11-3704892 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Amount Due If Applicable

7. Name and Address of Current Registered Agent

Name: Julio C Silva

Street Address (P.O. Box Number is Not Acceptable): 13716 SW 50 ST

Suite, Apt. #, Etc.:

City: Miramar State: FL Zip Code: 33027.

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: X _____ Date: 4/20/07

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	Julio C. Silva	13716 SW 50 ST	Miramar, FL, 33027

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: Julio C Silva X _____ 4/20/07 3053437839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Department of State
Division of Corporations

RE; Document No. P03000105454

To Whom It May Concern:

I, Julio C. Silva, president of Glass Image Inc, am writing this letter to ask you to accept my payment for the annual report of the above-mentioned corporation. The reason for the delay is that I never received the report and since it was the first time I've had a corporation, I did not know it was supposed to start before May 1st each year. I just found out about it. Please accept my apology and my payment. I would like forgiveness for the 2005, 2006, and 2007 years.

Sincerely,

4/24/07