

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

FILED

05 DEC 22 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

W 08 000034794

DOCUMENT # P 03000114373

1. Corporation Name

A Alternative Glass & Mirror, Inc

2. Principal Office Address

4197 SW Winslow St
Suite, Apt. #, etc.

3. Mailing Office Address

4197 SW Winslow St
Suite, Apt. #, etc.

City & State

Port Saint Lucie FL

City & State

Port Saint Lucie, FL

Zip

34953

Country

US

Zip

34953

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/03

5. FEI Number

52-2405155

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

Sherry De Michele

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

4197 SW Winslow St.

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34953

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

12/7/05

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
P VP S, T	Patric L. DeMichele	4197 SW Winslow St	Port St. Lucie FL 34953

800062098478
12/12/05--01041--013 **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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/05 770 342-8960

Daytime Phone #

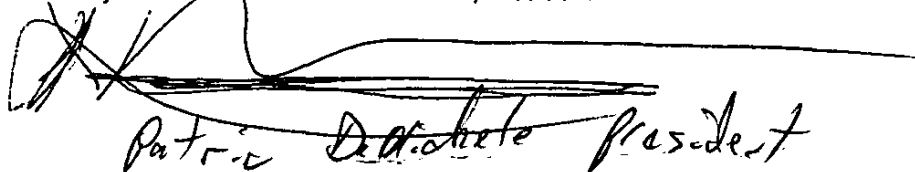
B. Mitchell DEC 22 2005

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12/7/2005

Please reinstate A Alternative Glass & Mirror, Inc, Document # P03000114373. We have not received the annual report cards to file an annual report. I have just started handling all business for this corporation and I will be filing online reports starting 1/2/06 for this corporation. I called the Division of Corporations on 12/7/2005 and was told to send in this letter along with a check for \$300.00 to correct this error. Thank you for your help in this matter.

Sherry DeMichele for Patric DeMichele, President



Patric DeMichele President