

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000118195

1. Corporation Name

ALL FLORIDA GLASS, INC.

2. Principal Office Address - No P.O. Box #  
4722 SW 185 AVE.

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIRAMAR, FL

City & State

Zip  
33029

Country

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/2003

5. FEI Number  
20-0326395

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

Kenia VILCHES

Street Address (P.O. Box Number is Not Acceptable)  
4722 SW 185 AVE.

Suite, Apt. #, Etc.

City  
MIRAMAR

State  
FL

Zip Code  
33029

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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) Kenia Vilches*

Date 10-05-07

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/D	KENIA VILCHES	4722 SW 185 AV.	MIRAMAR, FL 33029
			700111277387 10/24/07--01006--015 **150.00
			700111277387 10/24/07--01006--016 **450.00
	REINSTATEMENT	RLH	
	10-07		

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:

*(X) Kenia Vilches*

10-05-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #