

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 Sept. 20 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000150914

1. Corporation Name

THROUGH THE LOOKING GLASS, INC.

600158688196  
07/20/09--01044--018 \*\*450.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 1351 FULTON AVE		3. Mailing Office Address 201 ALHAMBRA CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 711	
City & State SACRAMENTO, CA		City & State CORAL GABLES, FL	
Zip 95825	Country USA	Zip 33134	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	12/15/2003
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PEDRO G. MENOCAL, ESQ.		
Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE		
Suite, Apt. #, Etc. 711		
City CORAL GABLES	State FL	Zip Code 33134

☒ 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

P.G. Menocal

REGISTERED AGENT MUST SIGN

Date 5/5/2005

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	ALEXANDER SADRI	1351 Fulton Ave	Sacramento CA 95825
VP	PEDRO MENOCAL	201 Alhambra Circle 711	Coral Gables FL 33134

**REINSTATEMENT**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/2005 305-442-2214

Date

Daytime Phone #