

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR -3 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000028117

1. Corporation Name B AND C FIBERGLASS, INC

2. Principal Office Address - No P.O. Box #

1630 NW 13<sup>th</sup> CT

Suite, Apt. #, etc.

3. Mailing Office Address

1630 NW 13<sup>th</sup> CT

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

FT LAUDERDALE

Zip

33311-5304

Country

BROWARD

Zip

33311-5304

Country

BROWARD

7. Name and Address of Current Registered Agent

Name ANNETTE B. HARRELL

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

391 NE 28<sup>th</sup> CT 1630 NW 13<sup>th</sup> CT

Suite, Apt. #, Etc.

City FT LAUDERDALE

BROWARD

State

FL

Zip Code

33311  
33435

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]*

REGISTERED AGENT MUST SIGN

Date 03/29/2008

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	LEVA E. BOYKINS	1630 NW 13 <sup>th</sup> CT	FT LAUDERDALE, FL 33311
V	HELEN BOYKINS	1630 NW 13 <sup>th</sup> CT	FT LAUDERDALE, FL 33311
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	<i>Mu/y</i>		

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:

Leva E. Boykins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/2008  
Date

954-469-3913  
Daytime Phone #