


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000069226		
1. Entity Name CUSTOM GLASS OF TALLAHASSEE, INC.		

FILED
08 DEC 12 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1540 CAPITAL CIRCLE S.W. UNIT C TALLAHASSEE, FL 32310	Mailing Address 1540 CAPITAL CIRCLE S.W. UNIT C TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12122008 REIN-P CR2E098 (1/07)

4. FEI Number 20-1071350		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STIVERS, H.B. LAW OFFICE OF LEVINE & STIVERS 245 EAST VIRGINIA STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <u>Maryann Jinks</u> Street Address (P.O. Box Number is Not Acceptable) <u>169 Crestwood Dr</u> City <u>Crawfordville</u> FL Zip Code <u>32327</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maryann Jinks (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JINKS, LOUIS L 1540 CAPITOL CIR, SW, UNIT C TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400139041034 12/16/08--01007--006 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 12/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #