

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 19 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000008554

1. Entity Name  
STRAWBRIDGE GLASS AND DOOR, INC.



Principal Place of Business  
303 DORIS DRIVE  
LAKELAND, FL 33813 US

Mailing Address  
303 DORIS DRIVE  
LAKELAND, FL 33813 US

2. Principal Place of Business - No P.O. Box #

611 Alicia Rd.

3. Mailing Address

611 Alicia Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10152007

REIN-P

CR2E098 (1/07)

City & State

Lakeland, FL.

City & State

Lakeland, FL.

4. FEI Number

20-2200265

Applied For

Not Applicable

Zip

33801

Country

U.S.

Zip

33801

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAWBRIDGE, WILLIAM L  
3631 RAYNOLDS RD  
NORTH FORT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name: Strawbridge, William L

Street Address (P.O. Box Numbers Not Acceptable)

611 Alicia Rd.

City

Lakeland

FL

Zip Code

33801

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-26-07

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME STRAWBRIDGE, WILLIAM L  
STREET ADDRESS 303 DORIS DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Delete

TITLE VP  
NAME STRAWBRIDGE, WILLIAM L  
STREET ADDRESS 303 DORIS DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Delete

TITLE S  
NAME STRAWBRIDGE, WILLIAM L  
STREET ADDRESS 303 DORIS DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Delete

TITLE T  
NAME STRAWBRIDGE, WILLIAM L  
STREET ADDRESS 303 DORIS DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Strawbridge, William L  
STREET ADDRESS 611 Alicia Rd.  
CITY-ST-ZIP Lakeland, FL 33801

TITLE VP ☒ Change ☐ Addition  
NAME Strawbridge, William L  
STREET ADDRESS 611 Alicia Rd.  
CITY-ST-ZIP Lakeland, FL 33801

TITLE S ☒ Change ☐ Addition  
NAME Strawbridge, William L  
STREET ADDRESS 611 Alicia Rd.  
CITY-ST-ZIP Lakeland, FL 33801

TITLE T ☒ Change ☐ Addition  
NAME Strawbridge, William L  
STREET ADDRESS 611 Alicia Rd.  
CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-07

Date

863-581-6261

Daytime Phone #

REINSTATEMENT