

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000025500

**FILED**  
**Mar 16, 2007**  
**Secretary of State**

**Entity Name:** ARCHITECTURAL WIZARD OF GLASS INC

**Current Principal Place of Business:**

18320 NE 20 AVE  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

3300 N STATE RD 7  
J743  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

18320 NE 20 AVE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

3300 N STATE RD 7  
J743  
HOLLYWOOD, FL 33021

**FEI Number:** 20-2316405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEIB, MEIR  
18320 NE 20 AVE  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

LEIB, MEIR  
3300 N STATE RD 7  
J743  
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: MEIR LEIB

03/16/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEIB, MEIR  
Address: 18320 NE 20 AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEIB, MEIR  
Address: 3300 N STATE RD 7  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEIR LEIB

PD

03/16/2007

Electronic Signature of Signing Officer or Director

Date