


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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07 OCT 17 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000048183

1. Corporation Name

ALPAGI GLASS & MIRROR CORP

800110885748
10/17/07--01018--002 **300.00

2. Principal Office Address - No P.O. Box # 13353 SW 60 TERRACE		3. Mailing Office Address 13353 SW 60 TERRACE	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33183	Country USA	Zip 33183	Country USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 03/28/2005	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 20-2555780		
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 PATRICIA D. MALDONADO			
Street Address (P.O. Box Number is Not Acceptable) 13353 SW 60 TERRACE			
Suite, Apt. #, Etc.			
City MIAMI	State FL	Zip Code 33183	

☒ 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

Patricia Maldonado

REGISTERED AGENT MUST SIGN

Date **09/18/2007**

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
PTD	SANTAMARIA,CARLOS R	13353 SW 60 TERR	MIAMI, FL 33183
VPSD	MALDONADO,PATRICIA D	13353 SW 60 TERR	MIAMI, FL 33183

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:

Patricia Maldonado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/18/2007 305-609-8913

Date Daytime Phone #

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September 18, 2007

Reinstatement Department
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: ALPAGI GLASS & MIRROR, CORP
Re: Reinstatement Request

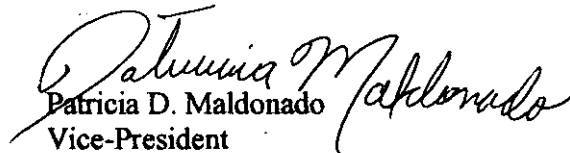
Dear Sirs:

The enclosed Reinstatement Form is attached duly signed by the Registered Agent as well as the correction of the address of box 2 and 3 of the Report. As per your instructions a payment for the amount of US \$300.00 is enclosed too, for the corresponding years 2006 and 2007 renewals.

Therefore, there is no balance due, and the reason why I haven't submit the corresponding renewal registration fee for the year 2006 it was because I haven't received the annual report on set address.

If further information is needed please do not hesitate to contact me at any time to the address shown on box 3 of the Annual Report Form. I request you accept my apology with all my respect. I remain,

- Very truly yours,


Patricia D. Maldonado
Vice-President