

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 AM 8:40

PLEASE READ ALL INSTRUCTIONS

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000048183

1. Corporation Name

ALPAGI GLASS & MIRROR CORP.

900161343159
10/05/09--01071--002 **150.002. Principal Office Address - No P.O. Box #
15333 SW 60 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address
148 SW 30 Court

Suite, Apt. #, etc.

City, State, Zip
MIAMI - FLORIDA- USAZip
33183Country
USACity, State, Zip
MIAMI - FLORIDA- USAZip
33135Country
USA

7. Name and Address of Current Registered Agent

Name
CARLOS SANTAMARIAStreet Address (P.O. Box Number is Not Acceptable)
148 SW 30 Court

Suite, Apt. #, etc.

City
MIAMI - FLORIDA- USAState
FLZip Code
33183

REINSTATEMENT 2009

4. Date Incorporated or Qualified
To Do Business in Florida 03/28/20055. FEI Number
20-2555780Applied For
Not Applicable6. ☐ Additional Fee required
for a Certificate of Status \$5.75

☒ This 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

Date 10/01/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Office	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State / Zip
P/V/P	CARLOS SANTAMARIA	148 SW 30 Court	MIAMI - FLORIDA- USA 33135

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 correct, and the undersigned is not a disqualified officer or director of the corporation.

SIGNATURE: X

SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

10-02-09

786 355 2080

DATE

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October 1, 2009

Department of the State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Doc. Nr: P05000048183

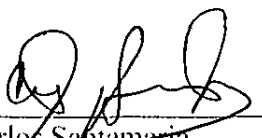
REINSTATEMENT LETTER

Herein, serve this communication to request is waived the re-instatement fee for the amount of \$600.00 due to the fact that my corporation Alpigi Glass & Mirror did not received the annual report notices in this year.

However, please see enclosed a check payable to the DEPARTMENT OF THE STATE for the amount of \$150.00.

Please is further information is needed do not hesitate to contact me at any time to my mailing address at 148 SW 30 Court, Miami FL 33183 or your collect call is welcome to 786-355-2080.

I remain,


x _____
Carlos Santamaria
President