ATTACHMENT 1 OF 2

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 AM 8:40

PLEASE READ ALL INSTRUCTIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000048183

1. Corporation Name

ALPAGI GLASS & MIRROR CORP.

900161343159
10/05/09--01071--002 **150.00

KS

REINSTATEMENT 2009

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15333 SW 60 Terrace	148 SW 30 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI - FLORIDA- USA	MIAMI - FLORIDA- USA
Zip: 33183 Country: USA	Zip: 33135 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/2005

5. FEI Number: 20-2555780 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CARLOS SANTAMARIA

Street Address (P.O. Box Number is Not Acceptable): 148 SW 30 Court

Suite, Apt. #, etc.:

City: MIAMI - FLORIDA- USA | State: FL | Zip Code: 33183

☑ The reinstatement fee is imposed under 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 617.0502, 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)

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

10. I certify that I am an officer or director of 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: X _____ 10-02-09 786 355 2080

SIGNATURE AND TYPED OR PRINTED NAME OF ENDORSING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 Alpagi 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