2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060847

1. Entity Name
GLASS COATING SPECIALIST, INC.

FILED
07 MAY -7 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8649 N HIMES AVE SUITE 419 TAMPA, FL 33614	8649 N HIMES AVE SUITE 419 TAMPA, FL 33614

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6509 N HIMES AVE		6509 N HIMES AVE	
Suite, Apt. #, etc.: A		Suite, Apt. #, etc.: A	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33614	Country	Zip: 33614	Country

REINSTATEMENT (1/07) 06-07

4. FEI Number: 202718497 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VICKERS, CHRISTINA M 8649 N HIMES AVE SUITE 419 TAMPA, FL 33614	Name: KRISTINA VICKERS Street Address (P.O. Box Number is Not Acceptable): 6509 N HIMES AVE SUITE A City: TAMPA FL Zip Code: 33614

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] 2 MAY 07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBRADOVICH, JASON P 8649 N HIMES AVE, SUITE 419 TAMPA, FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JASON OBRADOVICH 6509 N HIMES AVE, SUITE A TAMPA, FL 33614	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000103287060 05/25/07--01020--013 **308.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JM 5/15	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 2 MAY 07 813.872.9472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #