

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 25 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000111685

1. Corporation Name

Giant Glass & Mirror, Inc.

2. Principal Office Address - No P.O. Box #

2545 E. Sunrise Blvd.

3. Mailing Office Address

P.O. Box 4570

Suite, Apt. #, etc.
#111

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

Zip

33338

Country

USA

7. Name and Address of Current Registered Agent

Name

Joseph Martucci

Street Address (P.O. Box Number is Not Acceptable)

2545 E. Sunrise Blvd.

Suite, Apt. #, Etc.

#111

City

Fort Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date 10/23/07

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
P/S	Joseph Martucci	2545 E. Sunrise Blvd. #111, Ft. Lauderdale, FL	33304

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10/30/07--01025--015 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/07 954-812-5608

Date

Daytime Phone #

Received Time Oct 23 2007 11:01AM AL 0501