2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000125381

Address:

City-St-Zip:

FILED Oct 09, 2009 Secretary of State

Entity Nan	ne: SOUTHO	COAST M	IRROR AND GLAS	S, INC.					
Current Principal Place of Business:					New Principal Place of Business:				
1900 N.W. 33RD CT # 11 POMPANO BEACH, FL 33064 US					7715 NW 1 MARGATE	IST STREE ^T , FL 33063	T US		
Current Mailing Address:					New Mailing Address:				
1900 N.W. # 11 POMPANC	33RD CT BEACH, FL	33064	US		7715 NW 1 MARGATE	IST STREE ^T , FL 33063	T US		
FEI Number:	04-3826782	FEI Nur	nber Applied For()	FEI Nur	nber Not Appli	cable ()	Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
SWORD, ROBERT 1900 NW 33RD COURT # 11 POMPANO BEACH, FL 33064 US				SWORD, ROBERT 7715 NW 1ST STREET MARGATE, FL 33063 US					
The above in the State		submits t	his statement for the	e purpose c	f changing it	s registered	office or r	egistered agent, or both,	
SIGNATURE: ROBERT SWORD					10/09/2009				
	Electro	nic Signat	ture of Registered A	gent				Date	
			S., the corporation did nd Contribution ().	not receive t	he prior notice	e.			
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$					
Title: Name: Address: City-St-Zip:	P (SWORD, ROB 7715 NW 1ST MARGATE, FL	STREET			Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name: Address: City-St-Zip:	D (MAGEE, ROBE 2721 SW 16TH FT. LAUDERD	H COURT	:312 US		Title: Name: Address: City-St-Zip:	() Change(() Addition	
Title: Name:	() Delete			Title: Name:	D (WEBB, BARR) Change((X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

530 SW 62ND WAY

MARGATE, FL 33068 US

SIGNATURE: ROBERT MYERS EΑ 10/09/2009