

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000000576

1. Entity Name  
ACCURATE AUTO & TRUCK GLASS, CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 15 PM 12:06

Principal Place of Business  
858 NW 156 AVE  
PEMBROKE PINES, FL 33028 US

Mailing Address  
858 NW 156 AVE  
PEMBROKE PINES, FL 33028 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302009 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number  
20-4066223

Applied For  
Not Applicable

Zip Country

Zip Country

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

SEGAUL & STOLL, P.A.  
8751 W. BROWARD BLVD  
SUITE 404  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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: *Barbara Favillo*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/09

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME FAVILLO, CHARLES  
STREET ADDRESS 858 NW 156TH AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition  
NAME 600150359616  
STREET ADDRESS 04/15/09--01037--002 \*\*150.00  
CITY-ST-ZIP

TITLE DIR ☐ Delete  
NAME FAVILLO, BARBARA L MRS  
STREET ADDRESS 858 NW 156 AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition  
NAME 600150359616  
STREET ADDRESS 04/15/09--01037--003 \*\*150.00  
CITY-ST-ZIP

TITLE SEC ☐ Delete  
NAME FAVILLO, MADDIE S MISS  
STREET ADDRESS 858 NW 156 AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Barbara Favillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

4/10/09

Date

Daytime Phone #

REINSTATEMENT