2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P06000052207 1. Entity Name				(6)		_ED	
1. Entity Name AUTO GLASS WAREHOUSE, INC.					08 JAN 20	3 AMII: 39	
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Principal Place 1047 NW 36		Mailing Address 1047 NW 36TH AVE		qu	DO TALLAHAS	SEE, FLORID	H
CAPE CORAL	, FL	CAPE CORAL, FL		, intinati	ir Aana Riigi Aasil Aagil Aalil Aalil A	RITL O'GLE MAIT HTHE THEFT	1321361 155
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	na Oliuki				
Suite. Apt. 12775		Suite, Apt. #, etc.	zo piczy	REIN	STATEMEN	T 07-0	08
City & State	myers, FL.	City & State FORT MYES	s,FL	4. FEI Numl	7036		Applied Fo
339 L	Country USA	33966	Country US A	5. Certificat	e of Status Desired	\$8.75 A	
	6. Name and Address of Current F	Registered Agent	N	7. Name an	d Address of New Reg	istered Agent	
COURTADE, DONNA 1047 NW 36TH AVE CAPE CORAL, FL			Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	egistered office or reg	gistered agent, or b	oth, in the State of Floric	ia. I am familiar witl	h, and acr
	Danna Coustade	(PRES.) +	\mathcal{I}_{\leftarrow}	til		1-17-08	Ŕ
SIGNATURE)	Signature, typed or printed harne of registered agent a	nd tide it applicable (NOTE	Registered Agent signature	required when reinstating	g)	DATE	
	Signature, typed or printed name of registered agent a	nd tale if applicable (NOTE	Registered Agent signature	required when reinstatin		DATE	
	Signature, typed or printed/name of registered agent a	nd tide if applicable (NOTE	Registered Agent signature	required when reinstatin	In accordance with corporation did no	_{рате} h s. 607.193(2)(b)), F.S., tł
	LE NOW!!! FEE IS \$300.00 OFFICERS AND I		Registered Agent signature		In accordance with	h s. 607.193(2)(b) t receive the prior), F.S., the rest of the rest
FII	LE NOW!!! FEE IS \$300.00			ADDITIODA	In accordance with	h s. 607.193(2)(b) It receive the prior Change), F.S., the rootice.
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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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: