

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 NOV 30 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-3-07 RJ



REINSTATEMENT 97

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # P06000123739 1. Entity Name ONE STOP WINDOW TINTING, INC. | | | | | |
| Principal Place of Business 7158 NW. 72TH AVENUE MIAMI, FL 33168 | | Mailing Address 7158 NW. 72TH AVENUE MIAMI, FL 33168 | | | |
| 2. Principal Place of Business - No P.O. Box # 2485 NE 135 LANE Suite, Apt. #, etc. | | 3. Mailing Address 2485 NE 135 LANE Suite, Apt. #, etc. | | | |
| City & State N. MIAMI FL | | City & State N. MIAMI FL | | 4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33181 | | Country U. STATES | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PENA, CESAR 7158 NW. 72TH AVENUE MIAMI, FL 33168 | | | 7. Name and Address of New Registered Agent Name PENA, CESAR Street Address (P.O. Box Number is Not Acceptable) 2485 NE 135 LANE City N. MIAMI FL Zip Code 33181 | | |
| 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: DATE: 11/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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 <input type="checkbox"/> Delete PENA, CESAR P.O. BOX 28012 HIALEAH, FL 33002 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PENA, CESAR 2485 NE 135 LANE N. MIAMI FL 33181 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete PENA, CESAR P.O. BOX 28012 HIALEAH, FL 33002 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT PENA, CESAR 2485 NE 135 LANE N. MIAMI FL 33181 | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: | | | Date: 11/26/07 Daytime Phone #: 786-273-1168 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |