

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000007253

Entity Name: A-1 SAFARI GLASS, INC.

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

300 NORTH FLORIDA AVENUE  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 NORTH FLORIDA AVENUE  
WAUCHULA, FL 33873 US

**New Mailing Address:**

FEI Number: 45-4395723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOCK, JOANNE M  
300 NORTH FLORIDA AVE.  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOANNE M. SCHOCK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHOCK, JOANNE M P  
Address: 300 NORTH FLORIDA AVENUE  
City-St-Zip: WAUCHULA, FL 33873 US

Title: VP  
Name: SCHOCK, DREW D VP  
Address: 300 NORTH FLORIDA AVENUE  
City-St-Zip: WAUCHULA, FL 33873 US

I hereby 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 all other like empowered.

SIGNATURE: JOANNE M. SCHOCK

Electronic Signature of Signing Officer or Director

PRES

10/01/2014

Date