

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 29 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000013431

1. Corporation Name

ALLSTATE GLASS AND ALUMINUM COMPANY

REINSTATEMENT 02-04

700026889957
01/13/04--01095--011 **308.75

2. Principal Office Address

2228 W. 79 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33016

Country

US

3. Mailing Office Address

14133 S.W. 29 STREET

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

US

4. Date Incorporated or Qualified To Do Business in Florida 12/22/92

5. FEI Number

650375373

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE L. MARZOA

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

14133 S.W. 29 STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

700026889957
01/29/04--01064--029 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/08/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JORGE L. MARZOA	14133 S.W. 29 STREET	MIRAMAR, FL 33027
VP	GUSTAVO ALFONSO	530 E 36 STREET	HIALEAH, FL 33010

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE L. MARZOA

1/08/04

Date

305-364-0066

Daytime Phone #

CR2E081 (10/02)



Impact Storefront Specialist

01/07/04

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement

To whom it may concern,

Please reinstate our corporation; we did not receive the annual report in the year 2002 & 2003. As you can see by our application our business moved, both mailing address and office address have changed. Attached please find a check in the amount of \$ 308.75, which should cover both years, and the cost of the certificate of status.

If you have any questions please do not hesitate to call me at 786-236-4677.

Thank you for the prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jorge L. Marzoa". The signature is fluid and cursive, with the first name "Jorge" being the most prominent part.

Jorge L. Marzoa
President and Registered Agent

GLAZING CONTRACTORS

14133 SW 29 Street, Miramar, Florida 33027 • (305) 364-0064 • fax: (305) 623-9840