

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002118

1. Corporation Name

CONWAY GLASS & MIRROR, INC.

Principal Place of Business

2010 CURRY FORD RD.
ORLANDO FL 32806

Mailing Address

2010 CURRY FORD RD.
ORLANDO FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1993

5. FEI Number

59-3157049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GAINES, JOE P	2010 CURRY FORD RD.	ORLANDO FL
ST	GAINES, JAN	1525 ORANGEWOOD	ORLANDO FL 32806

000008979180
11/14/02--01010--010 **150.00

8. Name and Address of Current Registered Agent

FINKBEINER, FRANK G
105 E. ROBINSON ST.
SUITE 515
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-02

CH2E040 (8/02)

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2010 Curry Ford Road
Orlando, FL 32806
407894-3494
October 29, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Conway Glass & Mirror, Inc.
FEI Number: 59-3157049

Gentlemen:

We did not receive the 2002 Corporation Annual Report regarding the above referenced corporation. Therefore, we are requesting that the dissolution of the corporation be reversed and that you accept our enclosed check in the amount of \$150.00.

Sincerely,



Joe P. Gaines
President

JPG/jg
Enclosures