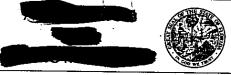
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

Mailing Address

2010 CURRY FORD RD. ORLANDO FL 32806 2010 CURRY FORD RD. ORLANDO FL 32806 Vale

10f2

FILED

02 NOV 14 PM 5: 23

SECRETARY OF STATE.
TALLAHASSEF, FLORE



If above addresses are incorrect in any way, line through incorrect information and enter correction belt  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				ter correction below s, If Applicable	Date Incorporated or Qualified			
Suite, Apt. #, etc. City & State		Suite Ant	Suite, Apt. #, etc.			To Do Business in Florida 01/07/1993  5. FEI Number		
		City & State			5. FEI Numb			
					39-315/049 Not Applica			
Zip	Country	Zip	Cou	intry	6. CERTIFICA	TE OF STATUS DESIRED   S	3.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer ar	nd/or Director (F	lorida nonprofit corp	orations must list a	t least 3 directors)			
Title(s)	Name of Officers and/or Directors				ach	City / S	City / State / Zip	
P	GAINES, JOE P		2010 CURRY	FORD RD.	ORLANDO FL			
ST	GAINES, JAN		1525 ORANGEWOOD			ORLANDO FL 32806		
		. '						
			-					
						000089791 10201010010	.80	
		774			11/14	/0201010010 	**150.00	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent     Name				
FINKB	EINER, FRANK G			Name				
	ROBINSON ST		Street Address (P.O. Box Number is Not Acceptable)					
SUITE	515		Suite, Apt. #, E	itc.	<del></del>			
ORLANDO FL 32801								
<u>.</u> .				City		State		
0. I, being	appointed the registered agent of the ab	ove named corp	oration, am familiar	with and accept the	obligations of Sect			
ignature of egistered /		TURE	REQU	JIRED		Date		
	R	EGISTERED AG	ENT MUST SIGN			Date		
	that I am an officer or director or the rece statement application, the reason for diss the corporation have been paid and the							

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11-8-02

Daytime Phone #

8

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