	ALL INSTITUCTIONS	DEFUNE (COMPLETING THIS FORM.	
APPLICATION .	FLORIDA DEPARTME			
FOR	Sandra B. Mo		FILED	
REINSTATEMENT	Secretary of			
	DIVISION OF CORPO	DRATIONS	98 JAN 23 PH 2: 42	
DOCUMENT # P93000022001 1. Corporation Name				
			SECHLIFFE OF STATE TALLFARMORE, FLORIDA	
CLASSIC GLASS STUDIOS, INC	C.		PALLY AREA COLLEGE FOR THE	
Principal Place of Business	Malling Address		1 (80) (50) (40 H) (50 H)	
13810 COUNTY ROAD 448	P.O. BOX 1381			
TAVARES FL 32778 US	TAVERES FL 32778 US		r nearment flan faller blekt obsikt oblikt bolikt egine tropp light bottl gelief bigt obei	
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If above addresses are incorrect in any way, line thro				
2. New Principal Office Address, If Applicable 359 N. DUNCAN DR	3. New Malling Office Address, 359 N・ Don		Date Incorporated or Qualified To Do Business In Florida 03/24/1993	
Sulte, Apt. #, etc.	Sulte, Apl. #, etc.	0-7.0	00/24/ 1000	_
City & State	City & State		5. FEI Number Applied For Net Applied For	
TAVARES, FL	TAVARES, FL		6. \$8.75 Additional Fee requi	
32778 Country U.S.	Zip 32778 Coun	™ U. S .	CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpo	rations must list at lea	east 3 directors)	
Name of Officers and/or Directors	90	treet Address of Each officer and/or Director Use Post Office Box N	ch or City / State / Zip	
D ALTENBURG, DALE C				
D ALTENDONG, DALE C	315 STANLEY (DAKLAND	DR. MOUNT DORA FL 32757	
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8. Name and Address of Current R		HEHAO!	Sc 1-26-98	
8, Name and Address of Current R		Name	Co	μ
ALTENBURG, DALE C	legistered Agent	Name	Sc 1-26-98 9. Name and Address of New Registered Agent	D (897)
ALTENBURG, DALE C 015 STANLEY BELLE DRIVE \ 206		Name	Sc 1-26-98	2EG40 (8/97)
ALTENBURG, DALE C	legistered Agent	Name	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)	CR2E040 (8/97)
ALTENBURG, DALE C 015 STANLEY BELLE DRIVE \ 206	legistered Agent	Name Street Address (F	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code	CP2E040 (8/97)
ALTENBURG, DALE C 915 STANLEY BELLE DRIVE \ 2.0 6 MOUNT DORA FL 32757	DAKLAND DA	Name Street Address (F Suite, Apt. #, Etc.	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code	CR2E040 (8/97)
ALTENBURG, DALE C 915 STANLEY SELLE DRIVE MOUNT DORA FL 32757 10. 1, being appointed the registered agent of the above	DAKLAND DA	Name Street Address (F Suite, Apt. #, Etc.	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code FL	CR2EO40 (8/97)
ALTENBURG, DALE C 915 STANLEY SELLE DRIVE \ 2.0 6 MOUNT DORA FL 32757	Pegistered Agent OAKLAND DE Ve named corporation, am familiar of the corporation of the	Name Street Address (F Suite, Apt. #, Etc.	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code	CR2E040 (8/97)
ALTENBURG, DALE C 915 STANLEY SELLE DRIVE \ 2.0 C MOUNT DORA FL 32757 10. I, being appointed the egistered agent of the above Signature of Registered Agent REGISTERED REGIST	re named corporation, am familiar of agent MUST SIGN	Name Street Address (F Suite, Apt. #, Etc. City with and accept the of	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code FL	CR2EG40 (897)
ALTENBURG, DALE C 915 STANLEY BELLE DRIVE \ 206 MOUNT DORA FL 32757 10. 1, being appointed the egistered agent of the above Signature of Registered Agent REE 11. This corporation owes or ha	re named corporation, am familiar of the current years paid the current years.	Name Street Address (F Suite, Apt. #, Etc. City with and accept the of	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code FL obligations of Section 607.0505, F.S. Date ///4/98	CREEQ40 (8937)
ALTENBURG, DALE C 915 STANLEY SELLE DRIVE \ 2.0 C MOUNT DORA FL 32757 10. I, being appointed the egistered agent of the above Signature of Registered Agent REGISTERED REGIST	re named corporation, am familiar of the current years paid the current years.	Name Street Address (F Suite, Apt. #, Etc. City with and accept the of	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code FL Date 1/14/98	CR2E040 (8/87)
ALTENBURG, DALE C 915 STANLEY SELLE DRIVE \ 206 MOUNT DORA FL 32757 10. I, being appointed the egistered agent of the above Signature of Registered Agent	re named corporation, am familiar value GISTERE® AGENT MUST SIGN as paid the current years tax due June 30.	Name Street Address (F Suite, Apt. #, Etc. City with and accept the of	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State Zip Code FL obligations of Section 607.0505, F.S. Date ///4/98 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling	CR2EG40 (897)
ALTENBURG, DALE C 915 STANLEY SELLE DRIVE 206 MOUNT DORA FL 32757 10. I, being appointed the registered agent of the above Signature of Registered Agent REI 11. This corporation owes or has Intangible Personal Property this reinstatement application, the reason for dissolowed by the corporation have been paid and the next the second of the corporation have been paid and the next the second of the corporation have been paid and the next the second of the corporation have been paid and the next the second of the corporation have been paid and the next the second of the corporation have been paid and the next the second of the corporation have been paid and the next the second of the corporation have been paid and the next the second of the se	re named corporation, am familiar of the current ye tax due June 30. The corporation of the current years of individuals listed on this for the corporation of the c	Name Street Address (F Suite, Apt. #, Etc. City with and accept the of Par Yes e this application as porate name satisfies form do not qualify for	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State FL Zip Code FL Zip Code Obligations of Section 607.0505, F.S. Date //// 98 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling s the requirements of section 607.0401 or 617.0401, F.S., that all fees r an exemption under section 119.07(3)(i), F.S. The information indicate.	_
ALTENBURG, DALE C 915 STANLEY SELLE DRIVE 206 MOUNT DORA FL 32757 10. I, being appointed the egistered agent of the above Signature of Registered Agent REC. 11. This corporation owes or ha Intangible Personal Property this reinstatement application, the reason for dissol	re named corporation, am familiar of the current ye tax due June 30. The corporation of the current years of individuals listed on this for the corporation of the c	Name Street Address (F Suite, Apt. #, Etc. City with and accept the of Par Yes e this application as porate name satisfies form do not qualify for	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State FL Zip Code FL Zip Code Obligations of Section 607.0505, F.S. Date //// 98 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling s the requirements of section 607.0401 or 617.0401, F.S., that all fees r an exemption under section 119.07(3)(i), F.S. The information indicate.	_
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ALTENBURG, DALE C 915 STANLEY SELLE DRIVE 206 MOUNT DORA FL 32757 10. I, being appointed the registered agent of the above Signature of Registered Agent RE. 11. This corporation owes or ha Intangible Personal Property 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the nit on this application is true and accurate, and my signature: SIGNATURE:	re named corporation, am familiar of the current years of the current years and the current years are of trustee empowered to executivition has been eliminated, the corpames of individuals listed on this to nature shall have the same legal effects.	Name Street Address (F Suite, Apt. #, Etc. City with and accept the of Par Yes e this application as poorate name satisfies form do not qualify for ffect as if made under	9. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) c. State FL Zip Code FL Zip Code Obligations of Section 607.0505, F.S. Date //// 98 (See other side for information on intangible tax.) provided for in chapter 607 or 617, F.S. I further certify that when filling s the requirements of section 607.0401 or 617.0401, F.S., that all fees r an exemption under section 119.07(3)(i), F.S. The information indicate.	

たいていて、他の関連の連携を選択する。機関等のでは、他に、には、日本は予防のは対象であって、自動を表現して発展するものでありました。 しんちゅうじょう アンド・グラー・ジャー・ジャー・ジャー・ジャー・

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