

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022001

1. Corporation Name

CLASSIC GLASS STUDIOS, INC.

Principal Place of Business

13810 COUNTY ROAD 448
TAVARES FL 32778
US

Mailing Address

P.O. BOX 1381
TAVARES FL 32778
US

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

2. New Principal Office Address, If Applicable

359 N. DUNCAN DR.

3. New Mailing Office Address, If Applicable

359 N. DUNCAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

Zip

32778

Country

U.S.

Zip

32778

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1993

5. FEI Number

58-2069525

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALTENBURG, DALE C	315 STANLEY BELLE DRIVE 1206 OAKLAND DR.	MOUNT DORA FL 32757
			800002415198--9 -01/28/98--01105--005 ***900.00 ***900.00
			REINSTATEMENT 97-98
			Sc 1-26-98

8. Name and Address of Current Registered Agent

ALTENBURG, DALE C
315 STANLEY BELLE DRIVE 1206 OAKLAND DR
MOUNT DORA FL 32757

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.

Signature of
Registered Agent

D. C. Altenburg

REGISTERED AGENT MUST SIGN

Date

1/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

D. C. Altenburg

DALE C. ALTENBURG

1/16/98

352-7427227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)