

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000037215

1. Corporation Name ASSOCIATED WORLD OF GLASS AND MIRRORS, INC.

Principal Place of Business Mailing Address 3500 45 STREET, STE. 7 WEST PALM BCH. FL 33407



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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 05/21/1993 5. FEI Number 65-0419659 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, ARNOLD, ANDREW H, 218 HAMPTON CIRCLE, JUPITER FL 33458. Includes handwritten date 10/28/02 and amount **750.00.

8. Name and Address of Current Registered Agent: ARNOLD, ANDREW, 3500 45 STREET, WEST PALM BCH. FL 33407. 9. Name and Address of New Registered Agent: Name, Street Address, 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] REGISTERED AGENT MUST SIGN Date: 10/21/02

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 10/21/02 (561) 686-1888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)