

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 15 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011442

1. Corporation Name

Longwood Glass & Mirror, Inc.

2. Principal Office Address

ONE LAS OLAS CIRCLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#1405

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33316

Country

Broward

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/7/94

5. FEI Number

65-0511909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICK BODIFORD

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

ONE LAS OLAS CIRCLE

Suite, Apt. #, Etc.

#1405

City

FT. LAUDERDALE

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Sharon Bodiford*

Date

6.8.05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/D	SHARON M. BODIFORD	ONE LAS OLAS CIRCLE, #1405	FT. LAUDERDALE, FL 33316

10. 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:

*Sharon Bodiford* Sharon Bodiford 6/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-343-5071

Daytime Phone #