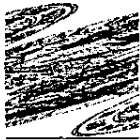


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 24 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000071000**

**1. Corporation Name**

Aurora Art Glass, Inc.

**2. Principal Office Address**

149 N. Tamiami Trail

Suite, Apt. #, etc.

City & State

Osprey FL

Zip

34229

Country

Sarasota

**3. Mailing Office Address**

149 N. Tamiami trail

Suite, Apt. #, etc.

City & State

Osprey FL

Zip

34229

Country

Sarasota

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/26/1994

**5. FEI Number**

65-0516211

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

**7. Name and Address of Current Registered Agent**

Name

Woodmansee, Mark

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

149 N. Tamiami Trail

Suite, Apt. #, Etc.

City

Osprey

State

FL

Zip Code

34229

**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

*Mark Woodmansee*

REGISTERED AGENT MUST SIGN

Date

12-20-03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| PST    | Mark Woodmansee                      | 149 N. Tamiami Trail                              | Osprey FL 34229    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

**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:**

*Mark Woodmansee*

Mark Woodmansee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-03 (941) 966-3630

Daytime Phone #

CR2E061110/02