

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084603

1. Corporation Name

Autoglass Express, Inc.

2. Principal Office Address

11388 South US Highway 301

Suite, Apt. #, etc.

City & State

Bellevue, Florida

Zip

34420

Country

USA

3. Mailing Office Address

11388 South US Highway 301

Suite, Apt. #, etc.

City & State

Bellevue, Florida

Zip

34420

Country

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

5. FEI Number

59-3276574

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

Mark A Pinkstaff

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

11388 South US Highway 301

Suite, Apt. #, Etc.

City

Bellevue

State

FL

Zip Code

34420

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 A. Pinkstaff
REGISTERED AGENT MUST SIGN

Date 10-7-03

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	Mark A Pinkstaff	11388 South US Highway 301	Bellevue, Florida 34420

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 A. Pinkstaff

Mark A Pinkstaff

10/7/03

352-245-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

10/13

TO: Dept. of STATE

My ACCOUNTANT Notified
me that my Corporation
WAS EXPIRED AND TOLD
me to FORWARD THE
ENCLOSED FORM WITH A
CHECK FOR \$150.⁰⁰

This happened Due to
A MOVE OF my physical
Location which in turn
Resulted in my NOT
getting my yearly RENEWAL
Form. PLEASE get me up
AND Running Again.

THANK you.

Wendell R. Roberts

PRES.