

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 29 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000022899**
1. Corporation Name **All Glass Aspects, Inc**

2. Principal Office Address 6451 E. ROGERS Circle		3. Mailing Office Address 6451 E. ROGERS Circle	
Suite, Apt. #, etc. 3-4		Suite, Apt. #, etc. 3-4	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33487	Country USA	Zip 33487-2601	Country USA

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06/29/04--01060--010 **1208.75

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 650566043	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name BRADFORD J. Compton	
Street Address (P.O. Box Number is Not Acceptable) 6451 East Rogers Circle	
Suite, Apt. #, Etc. 3-4	
City BOCA RATON	State FL
Zip Code 33487-2601	

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 *[Signature]* Date **06-28-04**
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	MOSES MOORE	6451 East Rogers Circle	Boca Raton, FL 33487-2601

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/28/04

Date

401-241-7423

Daytime Phone #

CR2E081 (01/04)