PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | PLICATION FOR STATEMENT | FLO | RIDA DEPART Glenda I Secretary DIVISION OF CO | of State | OL MAR 25 AM | - 09 | M |
|--|--|--|--|--|---|--|----------|
| DOCUMENT # P95000034575 1. Corporation Name | | | | | OL MAR 25 AM | 10: 23 = 31ATEA | : |
| E&B | GLASS SERVICES | INC. | | | O4 MAR 25 AM SECRETARY C TALLAHASSEE | ;ETOKIM. | i i |
| 5165 NW 1 MIAMI FL 3 | છા 2ે કે ′ | 5165 N MIAMI | M 1ST FL 33126 | | FINSTATEVI | | |
| | addresses are incorrect in any wa incipal Office Address, If Applical | · | w Mailing Office Addr | | Date Incorporated or Qualified | <u> </u> | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | To Do Business in Florida | 05/03/1995 | |
| City & State | | | State | | 5. FEI Number 65-058 1572 | Applied F | |
| Zip | Country | Zip | | Country | 6. CERTIFICATE OF STATUS DESIRI | \$8.75 Additional Fee refor a Certificate of S | |
| 7. Names | and Street Addresses of Each O | ificer and/or Directo | or (Florida nonprofit o | corporations must list at lea | st 3 directors) | | , |
| Title(s) | | | | Street Address of Each Officer and/or Director | | City / State / Zip | |
| PD | PRUNEDA, ERNESTO | | 5165 NW 1ST | | MIAMI FL 33126 | | |
| | | | | | | Tages | |
| <u> </u> | | | | · | | | <u> </u> |
| | | | | | | | |
| | | | | | 800030 5 03/16/0401026- | 07808 -026 **758.75 | |
| | | *_AANT AND | | | 8000305/ 03/ 25/0401046- | | |
| | | | | | 03, 23, 0, 310,0 | 000 | , |
| | 8. Name and Address of | Current Register | ed Agent | | 9. Name and Address of New R | legistered Agent | |
| DOLIN! | FO. FOUFATA | | | Name | | | 9 |
| Pruneda, ernesto 1851 S.W. 75th Ave. Rd. | | | | Street Address (P | O. Box Number is Not Acceptable) | | |
| MIAMI FL 33155 | | | | Suite, Apt. #, Etc. | Suffe, Apt. #, Etc. | | |
| | ŗ. | | ; | City | | State Zip Code | #6 #6 |
| 10. I, being | g appointed the registered agent | of the above name | corporation, am fan | niliar with and accept the ob | oligations of Section 607.0505, F.S. | or 617.0505, F.S. | - |
| Signature of Registered | of Agent | REGISTER | ED AGENT MUST S | : IGN | Date | -11-04 | |
| this reir owed b | nstatement application, the reaso | n for dissolution ha I and the names of | s been eliminated, th individuals listed on | e corporate name satisfies this form do not qualify for | rovided for in chapter 607 or 617, F the requirements of section 607 (44 an exemption under section 119.07 oath. | 01 or 617.0401, F.S., that all fe | ees |
| SIGNA | TURE: | | | | 7-1 | 11-04 | |