

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95060049090

1. Corporation Name

AMERICAN FIBERGLASS PRODUCTS INC.

FILED  
97 SEP 18 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

10481 SW 184 Ave  
MIAMI FL 33157

REINSTATEMENT

96-97  
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 27 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0632119

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	John Fields	8881 SW 142 Ave	Miami FL 33186
VP	GLEN LENSER	1956 FANIP RD.	Miami FL 33157
			300002297163--1 -09/18/97--01082--010 *****8.75 *****8.75
			300002297163--1 -09/18/97--01082--011 *****500.00 *****500.00

8. Name and Address of Current Registered Agent

John Fields  
8881 SW 142 Ave  
Miami FL 33186

9. Name and Address of New Registered Agent

Name 300002297163--1  
-09/18/97--01082--012  
Street Address (P.O. Box Number is Not Permitted) \*\*\*\*\*500.00 \*\*\*\*\*500.00  
Suite, Apt. #, Etc. 300002297163--1  
-09/18/97--01082--013  
City \*\*\*\*\*80.00 \*\*\*\*\*80.00  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

John Fields

REGISTERED AGENT MUST SIGN

Date

8/25/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

John Fields

Date

8/25/97 (305)  
253-5758

Daytime Phone #