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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P95000094737

1. Corporation Name

PUCCIS MIRROR & GLASS Company

Principal Place of Business | Mailing Address

1447 WASHINGTON AVE
MIAMI BEACH FL 33139

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

Street, Apt. #, etc. | Street, Apt. #, etc.

City & State | City & State

Zip | County | Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 12-11-95

5. FEI Number: 65-0623345 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number(s)) 3	City / State / Zip 4
DIS	ANTHONY SARAFINO	407 LINCOLN RD #5B	MIAMI BEACH FL. 33139
		REINSTATEMENT '96-'98	
			SCC 8-28-98

8. Name and Address of Current Registered Agent

BRADSHAW LOTSPRICH
950 S MIAMI AVE
MIAMI FL,33130

9. Name and Address of New Registered Agent

Name: GEORGE BRITO
Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN RD #5B
Suite, Apt. #, Etc.:
City: MIAMI BEACH | State: FL | Zip Code: 33139

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: _____ REGISTERED AGENT MUST SIGN | Date: 08-25-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 required 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: _____ 08-25-98 305-534-9292
SIGNATURE (AND TITLE IF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) | Date | Daytime Phone #

Prepared by: George Brito
407 Lincoln Rd. #5B
Miami Beach, FL 33139 (305) 534-9292

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8/28/98 FLORIDA DIVISION OF CORPORATIONS 12:33 PM
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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4004

FROM: PAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: PUCCI'S MIRROR & GLASS COMPANY
AUDIT NUMBER.....H98000016121
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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** ENTER 'M' FOR MENU. **