PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003517

1. Corporation Name

PHILCO GLASS, INC.

Principal Place of Business	Mailing Address
110 Flagler Promenade, N. West Palm Beach, FL 33401	110 Flagler Promenade, N. West Palm Beach, FL 33401

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

2. New Principal Office Address, If Applicable
2200 4th Ave. North
Suite, Apt. #, etc.
Suite 1
City & State
Lake Worth, Florida
Zip 33461 Country USA

3. New Mailing Office Address, If Applicable
2200 4th Ave. North
Suite, Apt. #, etc.
Suite 1
City & State
Lake Worth, Florida
Zip 33461 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
January 10, 1996

5. FEI Number
65-0638090
Applied For
Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIR	Phillip Reynolds	~~110 Flagler Promenade, N.~~	~~West Palm Beach, FL 33401~~
		2200 4th Ave. North, Suite 1	Lake Worth, FL 33461
S	Reginald G. Stambaugh, Esq.	1400 Centrepark Blvd. Suite 860	West Palm Beach, FL 33401

REINSTATEMENT 97
SL 12-30-97

8. Name and Address of Current Registered Agent

Reginald G. Stambaugh, Esq.
1400 Centrepark Blvd., Suite 860
West Palm Beach, FL 33401

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

100373222--5
-12/31/97--01056--005
****750.00 ****750.00

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 12/24/97

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.

561-687-

SIGNATURE: REGINALD G. STAMBAUGH - Secretary 12/24/97 8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E045 (12/95)