

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000018068**

1. Corporation Name

M.G. GLASS INC.

Principal Place of Business

**2030 SOUTH OCEAN DRIVE
#724
HALLANDALE FL 33009**

Mailing Address

**2030 SOUTH OCEAN DRIVE
#724
HALLANDALE FL 33009**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1996

5. FEI Number

65-0675136

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
P	GLASS, MARILYN	2030 SO OCEAN DR #724	HALLANDALE FL
VP	GLASS, LESLIE	2030 SO OCEAN DR #724	HALLANDALE FL
ST	GLASS, GERALD	2030 SO OCEAN DR #724	HALLANDALE FL

200002769622-6
-02/09/99--01063-013
******150.00 ****150.00**
2/5/99

8. Name and Address of Current Registered Agent

**GLASS, LESLIE
2030 SO OCEAN DR
724
HALLANDALE FL 33009**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

600002769626-3
-02/09/99--01063-013
******150.00 ****150.00**

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

L. Glass

REGISTERED AGENT MUST SIGN

Date

13 Jan 99

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 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:

L. Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Jan 99

Date

954-456-1861

Daytime Phone #

CR2E040 (9/98)

2

IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard
North Miami Beach, Florida 33162

Phone: (305) 949-8361
Fax: (305) 956-5131

January 15, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: M.G. Glass, Inc.
EIN 65-0675136

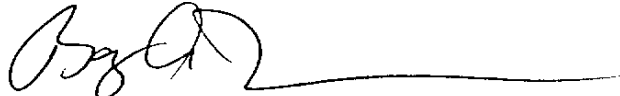
Dear Sir or Madam:

The above-referenced corporation received a Notice of Dissolution for non-filing of the Annual Report. The owner never received the first or second notice on the Annual Report and, therefore, none was filed. We are enclosing a Reinstatement Form for this corporation along with a check for \$150. We hope you will accept this payment of \$150.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY



Barry A. Imber
Certified Public Accountant

BAI:rcf
Enclosures