PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations | FILED 04 AUG -9 AM 9: 30 |
| DOCUMENT # 896000050748 1. Corporation Name GLASS SENTINAL PRODUCTS, INC. | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Suite, Apt. #, etc. 5017E 108 | Suite, Apt. #, etc. SUITE 108 City & State ACTAMONTE | 4. Date Incorporated or Qualified To Do Business in Florida 6/13/1996 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 33.5 Additional Factor required |
| 22/14 43/1 | 7. Name and Address of Current Register | TO/FIGHTICATE OF STATUS |
| Street Address (P.O. Box Number is Not Acceptable) 1035 SUNSHTNE LANE Sulte, Apt. #, Etc. Sulte, Apt. # Etc. | | |
| Name of | Mor Director (Florida nonprofit corporations must list at lea Street Address of Each | |
| Officers and/or Directors | | ALTA MONTE |
| 5 MARK W GAS T MARK W GAS | STON U | 08712 04-01011-003 **150.00 |
| | | 1759年9日8年3日9550.00 |
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| 10. 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 paint and the names of intividuals 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 stall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # | | |