

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 AM 10:27

DOCUMENT #P96000096632

1. Corporation Name

DISGLASS CORPORATION

2. Principal Office Address

3390 MARY STREET

Suite, Apt. #, etc.

SUITE 139

City & State

COCONUT GROVE, FL

Zip

33133

Country

US

3. Mailing Office Address

3390 MARY STREET

Suite, Apt. #, etc.

SUITE 139

City & State

COCONUT GROVE, FL

Zip

33133

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0750146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

TONI H. ALAM, CPA

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

6915 RED ROAD, SUITE

Suite, Apt. #, Etc.

SUITE 220

City

CORAL GABLES

State

FL

Zip Code

33143

700003417587--0

-10/06/00--01124--008

*****\$550.00 ***\$550.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Toni H. Alam, CPA

Date

9/19/00

REGISTERED AGENT MUST SIGN

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

Maria Eugenia de Trujillo

3390 Mary Street, #139

**Coconut Grove, FL
33133**

VP

Maria del Pilar Sanchez

3390 Mary Street, #139

**Coconut Grove, FL
33133**

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 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:

Maria Eugenia de Trujillo **MARIA E. Trujillo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-19-2000

Daytime Phone #

CR2E081 (9/99)

Disglas Corporation
3390 Mary Street, #139
Coconut Grove, FL 33133

September 19, 2000

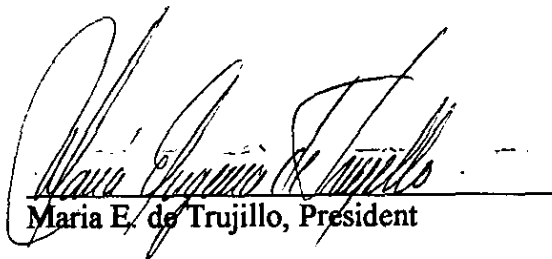
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Disglas Corporation
Doc #P96000096632
FEI 65-0750146

Gentlemen,

I am sending to you a check in the amount of \$550.00 for the 2000 filing fees. We apologize for the delay in sending to you the payment, but we have been out of the country. The form was sent to us by our administrative offices, but we never received it.

Thank you,



Maria E. de Trujillo, President



Maria del Pilar Sanchez de Suarez, V.P.