

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 NOV 16 PM 2:54

DOCUMENT # **P97000003232**

1. Corporation Name

**FASTGLASS TRANSPORT, INC.**

Principal Place of Business

Mailing Address

1126 S. FEDERAL HWY  
 STE 476  
 FT LAUDERDALE FL 33316  
 US

1126 S. FEDERAL HWY  
 STE 476  
 FT LAUDERDALE FL 33316  
 US

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



**REINSTATEMENT B 01**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0749334

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	EHART, NICOLE F	1126 S FEDERAL HWY STE 476	FT LAUDERDALE FL 33316
DS	PERRITE, DONNA	5910 NE 22ND AVE	FT LAUDERDALE FL 33308

300004706839--1  
 -12/05/01-01085-009  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRITE, DONNA  
 5910 NE 22ND AVE  
 FORT LAUDERDALE FL 33308

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

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

Date 11-05-01

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-01 954683 8358

Date Daytime Phone #

CR2E040 (8/01)