PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 AUG 13 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 99-02

DOCUMENT # P97000028742

1. Corporation Name
A + B GLASS AND MIRROR OF Dunedin, Inc.

2. Principal Office Address	3. Mailing Office Address
947 HUNTLEY	947 HUNTLEY
Suite, Apt. #, etc. Avenue	Suite, Apt. #, etc. Avenue
City & State Dunedin FLA.	City & State Dunedin Fla.
Zip 34698 Country U.S.A.	Zip 34698 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 03/31/97

5. FEI Number 593446138 (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: PHILLIPS, WAYNE H.

Street Address (P.O. Box Number is Not Acceptable): 947 HUNTLEY

Suite, Apt. #, Etc.: Avenue

City: Dunedin State: FL Zip Code: 34698

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Wayne H Phillips Date: Aug 7/02

REGISTERED AGENT MUST SIGN

CR2E031 (9/01)

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/D	WAYNE H. PHILLIPS	256 President St.	Dunedin, Fl 34698
S/D	GAY M. PHILLIPS	256 President St.	Dunedin, Fl. 34698

10. I certify that I am an officer or director of 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: Wayne H Phillips WAYNE PHILLIPS P/D 727-733-2149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #