

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

01 OCT 15 AM 8:49

DOCUMENT # P97000030197

1. Corporation Name

Steve's Auto Glass, Inc.

500004649955--9  
-10/23/01--01048--012  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

11703 Harborside Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

11703 Harborside Cir.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Largo FL

Zip

33773

Country

USA

Zip

33773

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/97

5. FEI Number

59-3429303

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

Steve Richards

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

11703 Harborside Circle

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33773

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

REGISTERED AGENT MUST SIGN

Date 10/10/01

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
Pres.	Steve Richards	11703 Harborside Circle	Largo FL 33773

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01

Date

727-432-9898

Daytime Phone #

CR2E081 (9/00)