

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JAN -9 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012526

1. Corporation Name

CENTRAL FLORIDA WINDSHIELD REPAIR, INC

2. Principal Office Address

6149 RALEIGH ST

3. Mailing Office Address

6149 RALEIGH ST

Suite, Apt. #, etc.

APT 1215

Suite, Apt. #, etc.

APT 1215

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32835

Country

US

Zip

32835

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1998

5. FEI Number

59-3665308

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
SQUAZZO, KENNETH FStreet Address (P.O. Box Number is Not Acceptable)
6149 RALEIGH STSuite, Apt. #, Etc.
APT 1215City
ORLANDO

600085639876

01/23/07--01005--007 **450.00

State
FLZip Code
32835

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Date

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	KENNETH F SQUAZZO	6149 RALEIGH ST	ORLANDO, FL 32835

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 contained in Chapter 119, 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:

KENNETH F SQUAZZO

407-970-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #