

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P98000061500

GLASSMAX, INC.

REINSTATEMENT 02-04

900030503429

03/16/04--01018--019 **1050.00

2. Principal Office Address

7340 SW 8TH ST

3. Mailing Office Address

7340 SW 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33144

City & State

MIAMI, FL 33144

Zip

33144

Country

USA

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0916448

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

RUBEN HERNANDEZ

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

7340 SW 8TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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

X

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 01/30/2004

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
DTPS	HERNANDEZ, RUBEN	720 NE 4 PL	HIALEAH, FL 33010

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

RUBEN HERNANDEZ (P.C.S.) 01/29/04

Date

Daytime Phone #

305-261-1040

CR2E081 (10/02)