PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000077611

1. Corporation Name

Kiely Glass and Mirror inc.

REINSTATEMENT 02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

6371 NW. 190th terr.

Suite, Apt. #, etc.

City & State

Hialeah FL.

Zip 33015   Country U.S.A.

3. Mailing Office Address

6371 WW. 190th terr.

Suite, Apt. #, etc.

City & State

FL. Hialeah

Zip 33015   Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/9/198

5. FEI Number 650881105   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 Patrick Kiely

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

6371 NW. 190th terr.

Suite, Apt. #, Etc.

City Hialeah   State FL   Zip Code 33015

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Patrick Ky

REGISTERED AGENT MUST SIGN

Date 2/27/07

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
President	Patrick Kiely	6371 N.W.190th terr.	Hialeah, FL 33015
	$13/b		

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: Patrick Kiely - Patrick Ky   2/27/07 (786)258-2991

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