
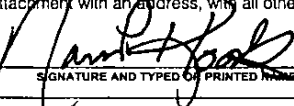


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
06 FEB -6 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000003689</b> 1. Entity Name NORM'S AUTO GLASS, INC.					
Principal Place of Business 1515 10TH STREET WEST BRADENTON, FL 34205			Mailing Address 1515 15TH STREET WEST BRADENTON, FL 34205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DORIS A. BUNNELL, P.A. 608 15TH STREET WEST BRADENTON, FL 34205			Name Adron H. Walker, Esq. Street Address (P.O. Box Number is Not Acceptable) 3119 Manatee Avenue West City Bradenton FL Zip Code 34205		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		DATE <u>2/3/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLOOSTER, NORMAN 12220 WINDING WOODS WAY BRADENTON, FL 34202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800065576178 02/10/06--01036--027 **900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ARON 412-53RD AVE E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP, S, T Joyce Klooster 1515 15th Street West Bradenton, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUUIL, JAMES 10204 OAK RUN DR BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Norman Klooster, President <u>2/6/06</u> <small>(941) 748-4666</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

REINSTATEMENT