

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 28 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000067222**

1. Corporation Name

Superior Glass & Mirror of America

2. Principal Office Address

1003 SW Poplar Ct

Suite, Apt. #, etc.

NA

City & State

Palm City Fla.

Zip

34990

Country

America

3. Mailing Office Address

1003 SW Poplar Ct

Suite, Apt. #, etc.

NA

City & State

Palm City Fla.

Zip

34990

Country

America

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/28/1999

5. FEI Number

650936780

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

LOUIS MARRONE

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

1003 SW Poplar Ct

Suite, Apt. #, Etc.

NA

City

Palm City

State

FL

Zip Code

34990

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

Louis Marrone

REGISTERED AGENT MUST SIGN

Date

June 18, 2001

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	LOUIS MARRONE	1003 SW Poplar Ct	Palm City, Fla 34990

REINSTATEMENT 00-01

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:

Louis Marrone

Louis Marrone

6/18/2001

Date

Daytime Phone #

1-561-219-0898

1-800-861-3461

CR2E081 (9/00)