

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000104792

1. Corporation Name

ALLRITE WINDSHIELD & GLASS CENTER, INC,

Principal Place of Business

1200 BEVILLE ROAD  
DAYTONA FL 32114

Mailing Address

POST OFFICE BOX 290683  
PORT ORANGE FL 32119-0683

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

FILED

01 JAN -2 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/1999

SP

5. FEI Number

59-362269

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	1	2	3	4
PD	BUCKLEY, JOHN D	1200 BEVILLE ROAD		DAYTONA FL 32114
SVD	O'CONNELL, RICHARD B	1200 BEVILLE ROAD		DAYTONA FL 32114
TD	BUCKLEY, DAVID T	1200 BEVILLE ROAD		DAYTONA FL 32114
			300003533683--0	
			-01/11/01-01103-005	
			****750.00 ****750.00	

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name DAVID BUCKLEY  
Street Address (P.O. Box Number is Not Acceptable)  
1044 WEXFORD WAY  
Suite, Apt. #, Etc.

City PORT ORANGE State FL Zip Code 32119

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/29/00

CR2E040 (8/00)

11. 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:

DAVID T BUCKLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/00 (904) 238-008  
Date Daytime Phone #