PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 15/3

REINSTATEMENT	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 OCT 31 AM 10: 07
DOCUMENT # 1. Corporation Name L. A. Glass	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address 7116 DW 47nd 54 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	g Office Address	200025528992 12/16/03-01044-033 **150.00
City & State City & State City & State		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For
33166 Dade Zip	Country	6. CERTIFICATE OF STATUS DESIRED Status Status Status Not Applicable \$8.75 Additional Fee required for a Certificate of Status
Name Name Mac Part Address of Current Registered Agent Street Address (P.O. Box Number is No) Acceptable) Suite, Apt. #, Elic. City City State State Zip Code FL 33/66		
Signature of Registered Agent Date REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD Onar Leal	7116 NW4	12 St Miam 1 7 33166
15TD Mirtha Barrago	1 4721 5W 13	35-Ct Miami F/33/75
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,	REMOTATE	WEAT 63/15
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 filling 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 Daytime Phone *		

L.A. Glass & Mirror Cor

7116 N.W. 42nd STREET • MIAMI, FLORIDA 33166-6825 Phone: (305) 593-8555 • Fax: (305) 593-1377

Virisian of Corporations annual Report / Beinstatement Section POBon 6327 Tallalassee, FT 32314-6327 10/28/03 To whom it may concern: We how not recured the renewel to aux Corporation, my s Galorda Leal Castellonos was the Geretary & used to take case of this she has facler ill and tronsfered the Tutte to me since your office they to When I called me to dountook the Out & send it with \$ 15000 ba Tommites from the brouser hore any

Please call me at 593-8555

Think you

Author Bright

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