

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 26 PM 12:33

DOCUMENT # S24627

1. Corporation Name

INSTANT GLASS AND MIRROR INC.

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

781 WEST 25 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

3. Mailing Office Address

2600 S. DOUGLAS RD.

Suite, Apt. #, etc.

PENTHOUSE 6

City & State

CORAL GABLES, FL

Zip

33134

Country

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

1/14/1991

**5. FEI Number
65-0237082**

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
JOSE I. PADIAL, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2600 S. DOUGLAS RD.

Suite, Apt. #, Etc.
PENTHOUSE 6

City
CORAL GABLES

State
FL

Zip Code
33134

☒ 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

Jose A. Padial

REGISTERED AGENT MUST SIGN

Date

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
D	MAURO V. SABUGO	8931 S.W. 34TH ST	MIAMI, FL 33165
D	HECTOR R. PEREZ	2990 S.W. 103RD AVE.	MIAMI, FL 33165
P	CLARITA GOMEZ	2751 SW 27 ST.	MIAMI FL 33133
T	TOBY MILIAN	2751 SW 27 ST.	MIAMI FL 33133

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:

Clarita Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #