

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 12:53

DOCUMENT # V13904

1. Corporation Name

ARCHITECTURAL GLASS & ALUMINUM, INC.

2. Principal Office Address

9845 PALMETTO CLUB DR.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

3. Mailing Office Address

SAME!

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-92

5. FEI Number

65-0375349

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

RICHARD TOSCANO

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

9845 PALMETTO CLUB DR.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Richard Toscano

Date 11-27-01

REGISTERED AGENT MUST SIGN

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.	RICHARD TOSCANO	9845 PALMETTO CLUB DR	MIAMI, FL. 33157
SEL.	ANGELA TOSCANO	9845 PALMETTO CLUB DR	MIAMI, FL. 33157

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:

Richard Toscano RICHARD TOSCANO

Date

11-27-01 (305) 235-6085

Daytime Phone #