

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

DOCUMENT # V44252 Corporation Name GLOBAL GLASS, INC.

00 JAN 10 PM 12:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 140 WEST 21ST STREET HIALEAH FL 33010



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

Form with fields for New Principal Office Address, New Mailing Office Address, Date Incorporated or Qualified To Do Business in Florida (06/14/1992), FEI Number (65-0437247), and City & State (HIALEAH, FL).

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Lists SABLON, INGRID and SABLON, ROLANDO F.

7000003096687--6 -01/12/00--01095--005 ****758.75 ****758.75

8. Name and Address of Current Registered Agent SABLON, ROLANDO 140 WEST 21 STREET 7300 W 18 LANE HIALEAH FL 33010 33014

9. Name and Address of New Registered Agent (fields for Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code)

REINSTATEMENT (Large diagonal stamp)

10. Signature of Registered Agent (Signature of Sablon, Rolando) and Date (10/12/99)

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: (Signature of Sablon, Rolando) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/12/99 Date 305-828-8186 Daytime Phone #