

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V49203 1. Entity Name AUTO GLASS OF AMERICA, INC.					
Principal Place of Business 416 COMMERCE WAY SUITE 100 LONGWOOD, FL 32750 US			Mailing Address 416 COMMERCE WAY SUITE 100 LONGWOOD, FL 32750 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MABEL BOVA 1425 WHITEHALL BLVD WINTER SPRINGS, FL 32708				Name <u>Mabel Bova</u> Street Address (P.O. Box Number is Not Acceptable) <u>4155 S. Atlantic Ave #316</u> City <u>New Smyrna Beach</u> FL <u>32169</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u>				DATE <u>10-5-05</u>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOVA, MICHAEL <input type="checkbox"/> Delete 1425 WHITEHALL BLVD WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bova Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4155 S. Atlantic Ave #316 New Smyrna Beach FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOVA, MABEL <input type="checkbox"/> Delete 1425 WHITEHALL BLVD WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bova Mabel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4155 S. Atlantic Ave #316 New Smyrna Beach FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u>				Date <u>10-5-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

FILED
05 OCT -7 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3132491

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

10-5-05

10/10/10

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10/07/05--01038--016 **150.00