PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63328

1. Corporation Name

Construction Glass Industries Corp.

Principal Place of Business	Mailing Address
7840 NW 62 Street Miami, Florida 33166	

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
See Above	Flavio Quesada c/o Marvin Wiener
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2121 Ponce de Leon Blvd. #900
City & State	City & State Coral Gables, Florida
Zip / Country	Zip 33134 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/10/92

5. FEI Number: 65-035533 — Applied For ☐ — Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Flavio Quesada	7840 NW 62 Street	Miami, Florida 33166
VP	Julio Gonzalez	7840 NW 62 Street	Miami, Florida 33166
VP, Sec.	Emilio R. Garcia	7840 NW 62 Street	Miami, Florida 33166
			800003087598--5 -01/04/00--01066--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Flavio Quesada 7840 NW 62 Street Miami, Florida 33166	Name: Flavio Quesada c/o marvin I. Wiener Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd. #900 Suite, Apt. #, Etc.: City: Coral Gables — State: FL — Zip Code: 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X _____ Date 12/17/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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.

KE

SIGNATURE: _____ FLAVIO QUESADA 12/17/99 305.593.6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #