

# 26500029007


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED OF STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
JUL 14 PM 2:02

PK

CR2E041 (1/11)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000029007

1. Limited Liability Company's Name  
**CONTINENTAL GLASS SYSTEMS, LLC**

2. Principal Office Address - No P.O. Box # <b>325 West 74th Place</b>	3. Mailing Office Address <b>325 West 74th Place</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Hialeah, Florida</b>	City & State <b>Hialeah, Florida</b>
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Zip <b>33014</b>	Country <b>USA</b>	Zip <b>33014</b>	Country <b>USA</b>
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4. State/Country of Formation  
**FLORIDA/USA**

5. Date Organized or Qualified To Do Business in Florida  
**3/23/2005**

6. FEI Number  Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**Shlomo Epstein**

Street Address (P.O. Box Number is Not Acceptable)  
**325 West 74th Place**

Suite, Apt. #, Etc.

City  
**Hialeah**

State  
**FL**

Zip Code  
**33014**

E-mail Address:  
**500210040515**  
**07715/11--01031--014 \*\*516.25**

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Shlomo Epstein* Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SAMIR MOUSSA	325 West 74th Place	Hialeah, FL 33014
MGR	SHLOMO EPSTEIN	325 West 74th Place	Hialeah, FL 33014

**REINSTATEMENT 2009-2011**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Shlomo Epstein* Date 7/13/11 Daytime Phone # 305/231-1101  
Typed or printed name of signing Managing Member/Manager Shlomo Epstein

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L05000029007

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DIVISION OF CORPORATIONS  
11 JUL 14 PM 2:02

July 13, 2011

Secretary of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Reinstatement of Continental Glass Systems, LLC L05000029007  
Use of Name Continental Glass Systems  
Use of Corporate Name  
Consent Letter**

Dear Sir/Madame:

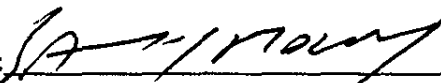
Regarding the above, Continental Glass Systems, Inc., a Florida corporation by my signature below as President, consents to the Secretary of State accepting and filing the enclosed Reinstatement of Continental Glass Systems, LLC in Florida and using the name Continental Glass Systems.

Although the name is similar we are consenting to the filing of this Reinstatement.

Thank you for your assistance.

Very truly yours,

Continental Glass Systems, Inc.

By:   
Samir Moussa, President

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