

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED

12 AUG 29 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A03000001503

1. Name of Limited Partnership

B.M. Glass Investments, LTD

2. Principal Office Address - No P.O. Box #

18 Meadowview Dr

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Northfield, FL

City & State

Zip

100093

Country

Zip

Country

8. Name and Address of Current Registered Agent

Name

Todd Bradley

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

3001 Tamiami Trail North

Suite, Apt. #, Etc.

400

City

NAPLES

FL

Zip Code

34103

9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

[Signature]

(REGISTERED AGENT MUST SIGN)

DATE 8-28-12

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

B.M. Glass Investments Inc

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

18 Meadowview Dr

City, State and Zip Code

Northfield, FL 100093

10a. Registration Document Number

P03000118607

REINSTATEMENT 10,12

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. 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

[Signature]

DATE

8/15/12

Typed or Printed Name of General Partner Signing Form

Bradley Glass

Telephone Number

312-364-8443

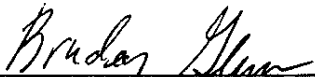
**B.M Glass Investments, Inc.
18 Meadowview
Northfield, IL 60093**

To Florida Division of Corporations:

Please be advised that B.M. Glass Investments, Inc. (the "Corporation") is an affiliated entity and general partner of B.M. Glass Investments, Ltd. (the "Reinstating Entity"). The annual report for the Reinstating Entity was inadvertently not filed. We are now seeking to reinstate the Reinstating Entity under its original name, B.M. Glass Investments, Ltd with the enclosed application. The Corporation hereby consents to the use of the name by the Reinstating Entity.

If you have any questions, please contact our attorney, Todd L. Bradley at 239-649-3196.

B.M. Glass Investments, Inc.


By: Brad Glass, President

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