

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Division of Corporations

L01000016455

FILED

02 DEC 11 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016455

Name and Mailing Address

0005501 01 FP 0.352 **PRSR T7 0 0615 34104-652070
GLASS FACTORY, LLC
370 BELVILLE BLVD
NAPLES FL 34104-6520



2. New Mailing Address

2787 TAHIAHI TRAIL

City, State, Zip

NORTH FORT MYERS, FL 33903

Principal Place of Business

370 BELVILLE BLVD
NAPLES FL 34104

3. New Principal Place of Business Address

2787 TAHIAHI TRAIL

City, State, Zip

N-FORT MYERS, FL 33903

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/21/2001

6. FEI Number

30-0079800

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

GROVER, STEVEN K
GROVER LAW OFFICE
868 99TH AVE N SUITE 1
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name

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

600009471136

12/11/02--01054--008 **150.00

City

FL

Zip Code

10. 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

Steven K. Grover

Date 12-04-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
McRM	Walter Weismueller	1312 Cleason Parkway	Cape Coral, FL 33914
McRM	Rosalie Weismueller	1312 Cleason Parkway	Cape Coral, FL 33914

REINSTATEMENT

2002

BK

12. 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.

Signature of
Managing Member/Manager

Date 12-03-02

Daytime Phone # 239-549-1449

CR2E084 (8/02)