

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ^{FILED}
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB -4 AM 8:57

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L02000005048

1. Limited Liability Company's Name

PERMA GLAZE OF CENTRAL FLORIDA,
 LLC.

2. Principal Office Address

909 THUNDER TRAIL

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip

32751

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
 To Do Business in Florida

3/4/2002

6. FEI Number

59-3523920

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

MIRTHA VALDES MARTIN, CPA

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

420 S. COUNTRY CLUB RD.

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

[Signature] CPA

Date

5/13/04

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
MGRM	GONSOLVES, GEORGE	Same Block #1	
			700046418287 02/11/05--01011--009 **205.00

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.

Signature of
 Managing Member/Manager

[Signature]

Date

1-31-05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)