

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 28 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006914

1. Limited Liability Company's Name

RUCKL BOHEMIAN GLASS, L.L.C.

OK

DK

2. Principal Office Address

11897 SW 141st Place

3. Mailing Office Address

11897 SW 141st Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

Zip

34432-6668

Country

USA

Zip

34432-6668

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

March 22, 2002

6. FEI Number

03-0435184

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

Peter Tselikis

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

11897 SW 141st Place

900037839429
06/10/04--01008--029 **200.00

Suite, Apt. #, Etc.

City

Dunnellon

State
FL

Zip Code

34432-6668

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]

REGISTERED AGENT MUST SIGN

Date

5-27-04

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	Patrick Kreysa	11897 SW 141st Place	Dunnellon, FL 34432
MGR	Martina Kreysova	11897 SW 141st Place	Dunnellon, FL 34432

REINSTATEMENT 2003-2004

DK

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] **POWER OF ATTORNEY**

Date 05/17/04

Daytime Phone # 305-451-1040 x 12

Typed or printed name of signing Managing Member/Manager Patrick Kreysa

CR2E041 (10/02)

Power of Attorney

LOZ000006914

herewith Mr. Patrik Kreysa
born 25.05.1970

Sinkulova 25, Prague 4, 14700, Czech republic

will grant full power of attorney to

Mr. Juergen Bergroth

born 24.06.1944

Novoveska 78, CZ 40003, Usti n.l.

BK

for the formation of one or more corporations in the legal structure of a Ltd.

for purchasing of one or more corporations in the legal structure of a Ltd.

for the takeover of a operating manager.

Further Mr. Bergroth is authorized to instruct the legal representatives of the corporation to the extent of the partners capability.

Pribram 04/05/2004

place-date

[Handwritten Signature]
signature

Ověření - legalizace

Běžné číslo ověřovací knihy: *014-2037/2004*

Ověřuji, že *Patrik Kreysa*
rod. č. 25. 05. 1970, bytem
Sinkulova 25, 14700 Praha 4

tuto listinu před notářkou vlastnoručně podepsal. Totožnost byla zjištěna z úředního průkazu.

V Praze dne: *4. 5. 2004*

notary



JUDr. ALENA PROCHÁZKOVÁ
NOTÁŘKA
se sídlem v Praze