


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 10 APR 13 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA  000175478370 04/13/10--01006--014 **655.00 CR2E041 (11/09)	
DOCUMENT # <u>LO3000033771</u>					
1. Limited Liability Company's Name <u>Armstrong Glazing Contractor LLC</u>					
2. Principal Office Address - No P.O. Box # <u>975 S. Congress Ave</u> Suite, Apt. #, etc. <u>102</u> City & State <u>Delray Beach FL</u> Zip <u>33445</u> Country <u>USA</u>		3. Mailing Office Address Suite, Apt. #, etc.  City & State  Zip  Country		4. State/Country of Formation <u>Florida USA</u> 5. Date Organized or Qualified To Do Business in Florida <u>09/05/2003</u> 6. FEI Number <u>D10796885</u> Applied For Not Applicable	
8. Name and Address of Current Registered Agent Name <u>Abdiele Lopez</u> Street Address (P.O. Box Number is Not Acceptable) <u>975 S. Congress Ave</u> Suite, Apt. #, Etc. <u>102</u> City <u>Delray Beach</u> State <u>FL</u> Zip Code <u>33445</u>				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status  <input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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 <u>[Signature]</u> Date <u>4/8/2010</u> 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		
<u>MGR</u>	<u>Lopez, Abdiele</u>	<u>975 S. Congress Ave</u>	<u>Delray Beach, FL 33445</u>		
<b>REINSTATEMENT 07-10</b> <u>DB</u>					
11. E-mail Address: _____ (To be used for future annual report notifications)					
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 <u>[Signature]</u> Date <u>4/8/2010</u> Daytime Phone # <u>561-224-9392</u> Typed or printed name of signing Managing Member/Manager _____					