

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC -8 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043035	
1. Entity Name RENO'S QUALITY GLASS & MIRROR, LLC	



Principal Place of Business <del>180 BUSINESS PARK WAY, #4</del> ROYAL PALM BEACH, FL 33411	Mailing Address <del>180 BUSINESS PARK WAY, #4</del> ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business 370 Business Parkway # 110 Suite, Apt. #, etc.	3. Mailing Address 370 Business Parkway # 110 Suite, Apt. #, etc.
City & State Royal Palm Beach, FL	City & State Royal Palm Bch, FL
Zip 33411	Country USA



11012004 REIN-LLC CR2E101 (6/04)

4. FEI Number 42-1611749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DICARLANTONIO, RENO J 180 BUSINESS PARK WAY, #4 ROYAL PALM BEACH, FL 33411	
7. Name and Address of New Registered Agent Name: Reno J. DiCarlantonio Street Address (P.O. Box Number is Not Acceptable) 370 Business Parkway #110 City: Royal Palm Bch, FL Zip Code: 33411	

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Reno J. DiCarlantonio* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/owner Reno J. DiCarlantonio 370 Business Parkway #110 Royal Palm Bch, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Reno J. DiCarlantonio* DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE