

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 29 AM 9:07

DOCUMENT # L030000 52469

1. Limited Liability Company's Name

BAY AREA MIRROR + GLASS LLC

2. Principal Office Address

6001 JOHNS ROAD

Suite, Apt. #, etc.

STE # 112

City & State

TAMPA, FL

Zip

33634

Country

HILLSBOROUGH

3. Mailing Office Address

P.O. BOX 262554

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33685

Country

HILLSBOROUGH

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

593271837

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

PATRICK J. KAPPLER

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

6001 JOHNS ROAD

Suite, Apt. #, Etc.

STE # 112

City

TAMPA

State

FL

Zip Code

33634

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

Patrick Kappler

Date

8/23/06

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
MGR	PAT KAPPLER	P O Box 262554	TAMPA FL 33685
			200079717062 09/12/06--01031--020 **250.00-
			REINSTATEMENT 04-06

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

Patrick Kappler

Date

8/23/06

Daytime Phone #

(813) 886-9556

Typed or printed name of signing Managing Member/Manager