

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000010999

**FILED**  
**Oct 09, 2005**  
**Secretary of State**

**Entity Name:** GLASS BLOCK SUPPLY, LC.

**Current Principal Place of Business:**

132 BUSINESS CENTER DRIVE  
UNIT #1  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

8902 SE MARINA BAY DRIVE  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUVOLO, THOMAS C  
8902 SE MARINA BAY DRIVE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS C. RUVOLO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUVOLO, THOMAS C  
Address: 8902 SE MARINA BAY DRIVE  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM ( ) Delete  
Name: SFORZA, NICHOLAS F  
Address: 5002 SE DEVENWOOD WAY  
City-St-Zip: STUART, FL 34997 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS C. RUVOLO

MGRM

10/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date