

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 20 AM 9:36

DOCUMENT # LO4000010999

1. Limited Liability Company's Name

GLASS BLOCK SUPPLY, LC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

132 Business Center Dr.

Suite, Apt. #, etc.

Suite #1

City & State

ORMOND BEACH, FL

Zip

32174

Country

FLORIDA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

2/10/04

6. FEI Number

65-127103

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

THOMAS C. RUVOLO

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

149.5 PECOS DRIVE

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

☒ 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

THOMAS C. RUVOLO

Date

6/11/08

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
MEM	THOMAS C. RUVOLO	149.5 PECOS DRIVE	ORMOND BEACH FL 32174
MEM	NICHOLAS F. STORZA	65 TIMUCUAN DRIVE	ORMOND BEACH FL 32174
REINSTATEMENT 600131499396 06/15/08--01033--003 **421.25 WGP 06-08 468			

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

THOMAS C. RUVOLO

Date

6/11/08

Daytime Phone #

386-986-8759

Typed or printed name of signing Managing Member/Manager

THOMAS C. RUVOLO