

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # L04000017566			
1. Limited Liability Company's Name Prisma - Glass, LLC.			
2. Principal Office Address 8830 SW 123 CT Suite, Apt. #, etc. 1-406 City & State Miami, FL Zip 33186 Country U.S.A.		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 3/5/2004	
6. FEI Number		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name Jose D. Sanchez			
Street Address (P.O. Box Number is Not Acceptable) 8830 SW 123 CT			
Suite, Apt. #, Etc. 1-406			
City Miami		State FL	Zip Code 33186
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 [Signature]		Date 6/26/06	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	Jose D. Sanchez	8830 SW 123 CT 1-406	Miami, FL 33186
900077163369 07/07/06-01054-013 **100.00			
REINSTATEMENT 2005-2006			
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 [Signature]		Date 06/26/06 Daytime Phone # 305-300-4016	
Typed or printed name of signing Managing Member/Manager Jose D. Sanchez			

2006 JUN 30 PM 2:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/02)

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PRISMA-GLASS, LLC.
8830 SW 123 COURT SUITE#I-406
MIAMI, FL 33186
305.300.4016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 26, 2006



Florida Department of State
Division of Corporations

Re: **PRISMA-GLASS, LLC.**
L04000017566

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in ~~2005-2006~~ by the mail, so thank you in advance for your time and consideration.

Sincerely,

Jose D. Sanchez
Manager

