


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">16 SEP 30 AM 10:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="border: 1px solid black; padding: 5px;">CR2E041 (1/14)</div>	
DOCUMENT # L04000029827					
1. Limited Liability Company's Name D & L Art Glass LLC					
2. Principal Office Address - No P.O. Box # 107 Allgood Circle Suite, Apt. #, etc. Suite 6 City & State Saint Augustine Zip 32086 Country United States		3. Mailing Office Address 107 Allgood Circle Suite, Apt. #, etc. Suite 6 City & State Saint Augustine Zip 32086 Country United States		4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 04/20/2004	
				6. FEI Number 26-2048537 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name David Barnes Street Address (P.O. Box Number is Not Acceptable) Suite, 107 Allgood Circle Apt. #, Etc. Suite 6 City, State, Zip Code Saint Augustine FL 32086					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u><i>David Barnes</i></u> Date 09/29/2016 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
Mgr	David Barnes	107 Allgood Circle	St. Augustine, FL 32086		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">S. HAWKES UCI 3 - A.M. EXAMINER</div>					
11. E-mail Address: <u>dlglass@dlglass.com</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member <u><i>David Barnes</i></u> Date 09/29/2016 Daytime Phone # (904)8271415					
Typed or printed name of signing authorized representative/member <u>David Barnes</u>					