

FILED

09 AUG 13 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000055314

1. Limited Liability Company's Name

ALL PRO GLASS + Mirror LLC

400159274664
08/05/09--01029--008 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 131 Bayou View Drive Suite, Apt. #, etc. Suite D City & State Fort Walton Beach FL Zip 32547 Country OKaloosa		3. Mailing Office Address 131 Bayou View Drive Suite, Apt. #, etc. Suite D City & State Fort Walton Beach FL Zip 32547 Country OKaloosa	
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4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 4-10-2003	
6. FEI Number 16-1660502	<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 MARK John Aiello			
Street Address (P.O. Box Number is Not Acceptable) 131 Bayou View Drive			
Suite, Apt. #, Etc. Suite D			
City Fort Walton Beach	State FL	Zip Code 32547	

☒ 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

Mark J Aiello
REGISTERED AGENT MUST SIGN

Date 8/3/2009

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
owner mgr	MARK John Aiello	131 Bayou View Drive Suite D	Fort Walton Bch. FL 32547

REINSTATEMENT 2007-09

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

Mark J Aiello

Date 8/3/09

Daytime Phone #

850-315-5747

Typed or printed name of signing Managing Member/Manager