

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L. SELLERS

DEC 28 2010

EXAMINER

200188298762
12/05/10--01048--002 **243.75

CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name

Upscale Glass And Shower Door, LLC

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

617 Northbridge Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Zip

32714

Country

Seminole

Zip

Country

USA

4. State/Country of Formation

FL. U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6/4/05

6. FEI Number

39-2067859

☒ 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

Timothy J Keiran

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

617 Northbridge Dr.

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

Timothy J Keiran

REGISTERED AGENT MUST SIGN

Date

11/30/10

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
None			
owner	Timothy J Keiran	617 Northbridge Dr.	Altamonte Springs FL.

11. E-mail Address:

NONE

(To be used for future annual report notifications)

12. 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

Timothy J Keiran

Date

11/30/10

Daytime Phone #

407-862-0044

Typed or printed name of signing Managing Member/Manager

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