


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 AUG -1 PM 1:52

DOCUMENT # L0900012851 1. Entity Name GLASSWORKS OF PERRY L.L.C.	
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Principal Place of Business 1557 CARLTON CEMETERY ROAD PERRY, FL 32348	Mailing Address 3531 WHIPOORWILL WAY PERRY, FL 32347
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SECRETARY OF STATE
 LAQUAN SELLERHOFF
 08/01/12--01030--020 **\$377.50




2. Principal Place of Business - No P.O. Box # <i>3531 Whipoorwill way</i>	3. Mailing Address Suite, Apt. #, etc.
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08012012 REIN-LLC CR2E101 (12/11)

City & State <i>Perry FL</i>	City & State	4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32347</i>	Country <i>Taylor</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CONYER, THOMAS A JR. 3531 WHIPOORWILL WAY PERRY, FL 32347	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

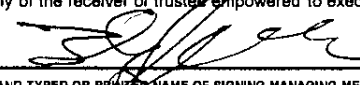
FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONYER, THOMAS A JR		NAME		
STREET ADDRESS	3531 WHIPOORWILL WAY		STREET ADDRESS		
CITY- ST- ZIP	PERRY, FL 32347		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

REINSTATEMENT

2011-2012

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: _____ E-MAIL ADDRESS: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS

Conyer