

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 47-1209429

1. Limited Liability Company's Name

Proglaze Window & Door LLC

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

4405 Seneca Ave

Suite, Apt. #, etc

City & State

Cocoa, FL

Zip
32926

Country
Brevard

3. Mailing Office Address

4405 Seneca Ave

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip
32926

Country
Brevard

8. Name and Address of Current Registered Agent

Name

Bret T Wylie

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

4405 Seneca Avenue

Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

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

Bret T Wylie

REGISTERED AGENT MUST SIGN

Date

09/06/2016

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

Bret T Wylie

4405 Seneca Avenue

Cocoa, FL, 32926

REINSTATEMENT

2015-2016

11. E-mail Address: BWYLIE1@CFL.RR.COM

(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

Bret T Wylie

Date

09/06/2016

Daytime Phone #

321-543-7061

Typed or printed name of signing authorized representative/member Bret T Wylie

2016 SEP -9 PM 4:37

SEP - 9 2016

L BERGER

CR2E041 (1/14)

4. State/Country of Formation

Florida/Brevard

5. Date Organized or Qualified
To Do Business in Florida

6-27-2014

6. FEI Number

47-1209429

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

09/28/16--01006--014 **272.50

03/09/16--01024--022 **105.00

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