FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM 2020 MAR -5 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300341764883

DOCUMENT # L17000060204

1. Limited Liability Company's Name

JOEL GLASS, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11391 Boca Woods LN	11391 Boca Woods Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33428 Country: US	Zip: 33428 Country: US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 3/15/2017

6. FEI Number: 11-1347363 ☐ 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: Incorporating Services, Ltd.

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 1540 Glenway Drive

City: Tallahassee State: FL Zip Code: 32301

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: Melissa Stipes Date: 1/13/2020

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	Joel Glass	11391 Boca Woods Ln	Boca Raton, FL 33428

11. E-mail Address: _____
(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: [signature] Date: 2/13/20 1/13/2020 Daytime Phone #: 917-841-9374

Typed or printed name of signing authorized representative/member: Joel Glass

AP

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 3/5/2020 **PRIORITY** Routine **OUR REF # (Order ID#)** 812197

ORDER ENTITY
JOEL GLASS, L.L.C.

PLEASE PERFORM THE FOLLOWING SERVICES:
JOEL GLASS, L.L.C. (FL)
File the attached reinstatement document

NOTES:
$238.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.