

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAY 11 PM 2:15

**DOCUMENT #**

L99000004267

**1. Limited Liability Company's Name**

Glassell Enterprises, L.L.C.

P.O. Box 34466

Pensacola, Florida 32507

9/29/00

**2. Principal Office Address**

P.O. Box 34466

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

**3. Mailing Office Address**

P.O. Box 34466

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

**4. State/Country of Formation**

Florida / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

July 14, 1999

**6. FEI Number**

439 88 3558

**Applied For**

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

5/11/00

**8. Name and Address of Current Registered Agent**

Name

Bruce C. Glassell

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

14113 Perdido Key Drive

Suite, Apt. #, Etc.

City

Pensacola

State  
FL

Zip Code  
32507

**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

Bruce C. Glassell

REGISTERED AGENT MUST SIGN

Date May 8, 2001

**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
MGRM	Bruce C. Glassell	14113 Perdido Key Drive	Pensacola, FL 32507

**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

Bruce C. Glassell

Date 5/8/01

Daytime Phone # 850-492-5222

Typed or printed name of signing Managing Member/Manager

Bruce C. Glassell

CR2EM1 (9/00)