

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

01 NOV 30 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000083

1. Limited Liability Company's Name

GLASS AMERICA, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address

2215 York Road

Suite, Apt. #, etc.

Suite 510

City & State

Oak Brook, Illinois

Zip

60523

Country

USA

3. Mailing Office Address

2100 Manchester Road

Suite, Apt. #, etc.

Suite 1750

City & State

Wheaton, Illinois

Zip

60187

Country

USA

4. State/Country of Formation

Illinois/USA

5. Date Organized or Qualified
To Do Business in Florida

01/13/00

6. FEI Number

364313745

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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***160.00 ***160.00

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

REGISTERED AGENT MUST SIGN

Christine M. Eastwine
Assistant Secretary

Date

11/29/01

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
MGR	Brian T. Clingen, as Manager of BP Capital Management, L.L.C.	2215 York Road, Suite 510	Oak Brook, Illinois 60523

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

Date 11/27/01

Daytime Phone # (630) 871-2600

Typed or printed name of signing Managing Member/Manager Brian T. Clingen as Manager of BP Capital Management, L.L.C.