


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 15 AM 11:23

TALLAHASSEE, FLORIDA

KS

DOCUMENT # L05000070751

1. Limited Liability Company's Name

Custom Design Center of Sarasota, LLC

400187784864
11/15/10--01003--003 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2535 Bee Ridge Rd		3. Mailing Office Address PO Box 49948	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34239	Country US	Zip 34230-6948	Country US

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 07/19/2005	
6. FEI Number 203173058	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Russell, Jeffrey S

Street Address (P.O. Box Number is Not Acceptable)
240 S Pineapple Ave, 10th Floor

Suite, Apt. #, Etc.

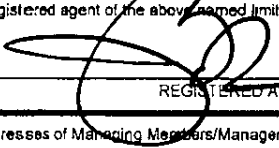
City
Sarasota

State
FL

Zip Code
34236

REINSTATEMENT 09-10

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  Date 11/9/2010

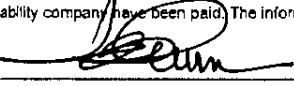
REGISTERED AGENT MUST SIGN

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	Jordan Fishman	2535 Bee Ridge Rd	Sarasota, FL 34239

11. E-mail Address: jsfish@comcast.net (To be used for future annual report notifications)

12. 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 NOV 9 2010 Daytime Phone # 941-350-1441

Typed or printed name of signing Managing Member/Manager: Jordan Fishman, Manager