


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 AM 9: 21

DOCUMENT # L06000023781 1. Entity Name JM KITCHEN CABINET INSTALLER, LLC	
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Principal Place of Business 15532 SW 71 STREET MIAMI, FL 33193	Mailing Address 15532 SW 71 STREET MIAMI, FL 33193
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2. Principal Place of Business - No P.O. Box # 9601 SW 142ND AVE.	3. Mailing Address 1820 JAMES AVENUE
Suite, Apt. #, etc. 924	Suite, Apt. #, etc. 213



05082008 REIN-LLC CR2E101 (1/07)

City & State MIAMI - FL	City & State MIAMI BEACH - FL	4. FEI Number 20-4747923	Applied For <input type="checkbox"/> Not Applicable
Zip 33186	Country US	Zip 33139	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CASTELLANO, CYNTHIA 15532 SW 71 STREET MIAMI, FL 33193	7. Name and Address of New Registered Agent Name FELIX M. VANIDO Street Address (P.O. Box Number is Not Acceptable) 1820 JAMES AVENUE APT. 213 City MIAMI BEACH FL Zip Code 33139
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **5/8/08**

Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, JUAN M 15532 SW 71 STREET MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9601 SW 142ND AVENUE - #924 MIAMI - FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTELLANO, CYNTHIA 15532 SW 71 STREET MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9601 SW 142ND AVENUE - #924 MIAMI - FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300129490763 05/14/08--01049--003 **282.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT WDR 07-08
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **5/8/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #