

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 10, 2007  
Secretary of State**

DOCUMENT# L06000100773

Entity Name: MALDONADO FRAMING LLC

**Current Principal Place of Business:**

4108 YOTHERS ROAD  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

4108 YOTHERS ROAD  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-5713863      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MALDONADO, FELIMON  
4108 YOTHERS ROAD  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: FELIMON MALDONADO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: MALDONADO, FELIMON  
Address: 4108 YOTHERS ROAD  
City-St-Zip: APOPKA, FL 32712

Title: SEC ( ) Delete  
Name: MALDONADO, VICENTE  
Address: 4108 YOTHERS ROAD  
City-St-Zip: APOPKA, FL 32712

Title: TREA ( ) Delete  
Name: MALDONADO, HUGO  
Address: 4108 YOTHERS ROAD  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FELIMON MALDONADO

PRES

10/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date