
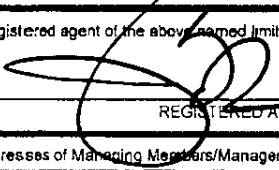
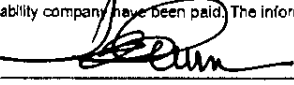


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 NOV 15 AM 11:23 TALLAHASSEE, FLORIDA 400187784864 11/15/10--01003--003 **377.50 CR2E041 (05/10)	
DOCUMENT # L05000070751					
1. Limited Liability Company's Name Custom Design Center of Sarasota, LLC					
2. Principal Office Address - No P.O. Box # 2535 Bee Ridge Rd		3. Mailing Office Address PO Box 49948		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 07/19/2005	
City & State Sarasota, FL		City & State Sarasota, FL		6. FEI Number 203173058	
Zip 34239	Country US	Zip 34230-6948	Country US	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 11/1/2010	
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 jsfisha@comcast.net <small>(To be used for future annual report notifications)</small>					
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 8, 2010 Daytime Phone # 941-350-1441	
Typed or printed name of signing Managing Member/Manager Jordan Fishman, Manager					