**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

FILED

02 FEB 11 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006394

**1.** Limited Liability Company's Name

Skeffington's Furniture LLC

| **2.** Principal Office Address | **3.** Mailing Office Address | **4.** State/Country of Formation |
|---|---|---|
| 6831 N. Military TR. | Same | NJ / USA |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **5.** Date Organized or Qualified To Do Business in Florida July 2000 |

| City & State | City & State | **6.** FEI Number | Applied For |
|---|---|---|---|
| WPB, FL | | 52-2226437 | Not Applicable |

| Zip 33407 | Country USA | Zip | Country | **7.** CERTIFICATE OF STATUS DESIRED ☐ | $5.00 Additional Fee required for a Certificate of Status |
|---|---|---|---|---|---|

**8.** Name and Address of Current Registered Agent

Name: John Skeffington

10000491262 --- 1
02/13/02--01002--030
****200.00 ****200.00

Street Address (P.O. Box Number is Not Acceptable): 6831 N. Military Trail

Suite, Apt. #, Etc.

| City: West Palm Beach | State: FL | Zip Code: 33407 |
|---|---|---|

**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

Date 1-17-02

CR2E041 (9/01)

**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 |
|---|---|---|---|
| mgrm | John Skeffington | 6831 N. Military Trail | WPB Fl 33407 |
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REINSTATEMENT

**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 1-28-02   Daytime Phone # 561-841-7702

Type or printed name of signing Managing Member/Manager: John Skeffington - mgrm