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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

L01000014003

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -4 PM 1:30

1. DOCUMENT # L01000014003

Name and Mailing Address

0011563 01 SP 0.370 **SNGLP 0615 33407

C.P.G. CUSTOM CABINETS, L.C.
115A 53RD COURT SOUTH
MANGONIA PARK FL 33407

REINSTATEMENT 2002

CR2E084 (8/02)

| | |
|---|---|
| **2.** New Mailing Address: 11150 53rd Court South<br>City, State, Zip: Mangonia Park, FL 33407 | **4.** State/Country of Formation: FL<br>**5.** Date Organized or Qualified To Do Business in Florida: 08/21/2001 |
| Principal Place of Business: 115A 53RD COURT SOUTH, MANGONIA PARK FL 33407<br>**3.** New Principal Place of Business Address: 11150 53rd Court South.<br>City, State, Zip: Mangonia Park FL 33407 | **6.** FEI Number: ☑ Applied For ☐ Not Applicable<br>**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status |

| **8. Name and Address of Current Registered Agent** | **9. Name and Address of New Registered Agent** |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI FL 33145 | Name: Enterprise Business Consultants, Corp<br>Street Address (P.O. Box Number is Not Acceptable): 148 W Palmetto Park Rd Ste 452<br>City: Boca raton FL Zip Code: 33486 |

**10.** 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: Harold Molina Date: 10-21-02.

REGISTERED AGENT MUST SIGN

**11.** Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | PEREZ, OSCAR ARTURO | ~~7897 VENTURE CENTER WAY, STE. #2101~~ 2053 Vinigns Circle apt 522 | ~~BOYNTON BEACH FL 33437~~ Wellington FL 33414 |
| MGR | ESPERANZA CASTRO, DIANA | ~~7897 VENTURE CENTER WAY, STE. #2101~~ 2053 Vinigns circle apt 522 | ~~BOYNTON BEACH FL 33437~~ Wellington FL 33414 |
| | | | 500009345595 01/02/03--01035--001 **150.00 |
| | REINSTATEMENT 2002 | | |

**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: [signature] Date: 10-21-02. Daytime Phone # 561-8480010.

Typed or printed name of signing Managing Member/Manager