

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

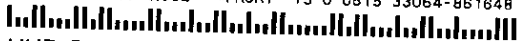


FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000019072

Name and Mailing Address

0001510 01 FP 0.352 \*\*PRST T5 0 0615 33064-861648



HUB CUSTOM WOODWORKS, LLC  
4948 EAST LAKES DRIVE  
POMPANO BEACH FL 33064-8616

FILED  
02 NOV 13 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

4948 EAST LAKES DRIVE

City, State, Zip  
POMPANO BEACH FL 33064

Principal Place of Business

4948 EAST LAKES DRIVE  
POMPANO BEACH FL 33064

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/05/2001

6. FEI Number

65-1157801

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

HUBNER-OLIVEIRA, MAX  
4948 EAST LAKES DRIVE  
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/05/02

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
MGRM	HUBNER-OLIVEIRA, MAX	4948 EAST LAKES DRIVE	POMPANO BEACH FL 33064
MGRM	HUBNER, JOAO	11922 NORTHWEST 26TH PLACE	CORAL SPRINGS FL 33065

000008963080  
11/13/02--01039--010 \*\*55.00

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 11/05/02

Daytime Phone # (561) 644-2556

Typed or printed name of signing Managing Member/Manager

MAX Hubner-Oliveira

LO1000019072

dg2

Hub Custom Woodworks LLC.  
550A NE 27<sup>th</sup> Street  
Pompano Beach, FL 33064  
Phone (561) 644-2556 Fax (954) 418-0562

11/05/02

FILED  
02 NOV 13 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Florida Department of State

Subject: Notice of Administrative Dissolution or Revocation.

Dear Sir or Madam:

Please be informed that I, Max Hubner-Oliveira, the registered agent of Hub Custom Woodworks LLC, did not receive the 2002 Uniform Business Report Notice. I have called your office at (850)245-6096 and I was informed that I should submit the enclosed form with a check for \$50 and I should cross out the word "REINSTATEMENT" and write 2002 UBR, which I have done. I'm adding \$5 to the check amount in order to receive a certificate of status. Please contact me if you have any questions.

Max Hubner-Oliveira

Registered Agent  
Hub Custom Woodworks LLC  
561-644-2556

BH