

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 MAY -3 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012005 REIN-LLC CR2E101 (6/04)

| | | | |
|---|---|--|---------------------------------|
| DOCUMENT # L02000012228 1. Entity Name TEAK ANTIQUE FURNITURE, LLC | | | |
| Principal Place of Business 880 N. FEDERAL HWY BOCA RATON, FL 33432 | | Mailing Address 20961 BOCA RATON, FL 33428 | |
| 2. Principal Place of Business 20961 Woodspring Avenue Suite, Apt. #, etc. | | 3. Mailing Address 20961 Woodspring Avenue Suite, Apt. #, etc. | |
| City & State Boca Raton, FL Zip 33428 | | City & State Boca Raton, FL Zip 33428 | |
| 4. FEI Number 01-0698950 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JONES, STANLEY 20961 WOODSPRING AVE. BOCA RATON, FL 33428 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 4/29/2005 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$200.00 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JONES, MONICA 20961 WOODSPRING AVE BOCA RATON, FL 33428 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JONES, STANLEY 20961 WOODSPRING AVE BOCA RATON, FL 33428 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JONES, JAMIE 20961 WOODSPRING AVE BOCA RATON, FL 33496 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: | | Date 4-5-05 Daytime Phone # 561-482-3059 | |

REINSTATEMENT 84-05

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05/25/05-01065-002 **200.00