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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood
		Secretary of State
		DIVISION OF CORPORATIONS

FILED  
03 OCT 30 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028898

Name and Mailing Address

0014135 01 AT 0.292 \*\*AUTO T1 0 0615 33931-211331  
GCM - GERMAN CABINETMAKER MASTER LLC  
831 LAGOON ST  
# 3  
FT. MYERS BEACH FL 33931-2113

US



2. New Mailing Address <i>GCH - German Cabinets Master</i>		4. State/Country of Formation FL	
City, State, Zip <i>8069 Estero Blvd. Ft. Myers Beach FL 33931</i>		5. Date Organized or Qualified To Do Business in Florida 10/30/2002	
Principal Place of Business 831 LAGOON ST # 3 FT. MYERS BEACH FL 33931 US	3. New Principal Place of Business Address <i>8069 Estero Blvd.</i> City, State, Zip <i>Ft. Myers Beach, FL 33931</i>	6. FEI Number <i>51-0464928</i>	Applied For <input type="checkbox"/> Not Applicable
		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 WARNECKE-MACKE, DAGMAR 831 LAGOON ST # 3 FT. MYERS BEACH FL 33931		9. Name and Address of New Registered Agent Name <i>Dagmar Macke - Macke</i> Street Address <i>8069 Estero Blvd.</i> City <i>Ft. Myers Beach</i> FL Zip <i>33931</i>	
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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 *[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *10/25/2003*

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
			1-888-242-67561 10/30/03--01012--004 **150.00
<i>Pres.</i>	<i>Harold Macke</i>	<i>8069 Estero Blvd.</i>	<i>Ft. Myers Beach 33931</i>

**REINSTATEMENT** 03  
*[Signature]*

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]* **SIGNATURE REQUIRED**

Date *10/25/2003* Daytime Phone # *463 1101*

Typed or printed name of signing Managing Member/Manager

CR2ED84 (7/03)