PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

04 JAN 30 PH 2: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000033962
Name and Mailing Address

0003519 01 AT 0.292 **AUTO   T5 0 0615 32804-641409

EXCLUSIVE KITCHENS & FINISHING, LLC
1809 N. ORANGE AVE
ORLANDO FL 32804-6414

| 2. New Mailing Address | | 4. State/Country of Formation: FL |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida: 12/17/2002 |

| Principal Place of Business 1809 N. ORANGE AVE ORLANDO FL 32804 | 3. New Principal Place of Business Address | 6. FEI Number 02-0672776. | Applied For / Not Applicable |
| | City, State, Zip | 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 |
| PARRA, FRANCIS 1809 N. ORANGE AVE ORLANDO FL 32804 | Name: Street Address (P.O. Box Number is Not Acceptable): 600027915926 01/30/04--01016--012 **200.00 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 ___Francis Parra___ SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN   Date _1-23-04_

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
President	FRANCIS PARRA	1214 CORBETT LANE	ORLANDO FLORIDA 32806

$150.00 over payment

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/Manage ___SIGNATURE REQUIRED___   Date _1-23-04_   Daytime Phone # 407 895-5557

Typed or printed name of signing Managing Member/Manager ___FRANCIS PARRA___

CR2E034 (7/03)