

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 OCT 21 PM 2:03

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000000793

1. Limited Liability Company's Name

Lue's Custom Cabinets, LLC

2. Principal Office Address

4561 NW 70th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4561 NW 70th Avenue

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

City & State

Lauderhill, Florida

Zip

33319

Country

USA

Zip

33319

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

01/08/2003

6. FEI Number

55-0815314

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**

Name

Nigel Lue

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

4561 NW 70th Avenue

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

9. 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 10/19/2004

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Nigel Lue	4561 NW 70th Avenue	Lauderhill, FL 33319
MBR	Karen Lue	4561 NW 70th Avenue	Lauderhill, FL 33319
			300042077643 10/21/04--01062--011 **155.00
			REINSTATEMENT 2004

11. 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

10/20/04

Daytime Phone #

954-650-8851

Typed or printed name of signing Managing Member/Manager

Karen M. Lue

CR2004-1 (10/02)