

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

\$150.00

**FILED**

2005 JAN -4 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122004 REIN-LLC CR2E101 (6/04)

<b>DOCUMENT # L03000034163</b> 1. Entity Name <b>CHANTEL FABRIC AND INTERIORS, L.L.C.</b>					
Principal Place of Business <b>2201 18TH AVE. CAPE CORAL, FL 33990</b>			Mailing Address <b>2201 18TH AVE. CAPE CORAL, FL 33990</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number  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  <b>SEVERINO, FEZ 2201 18TH AVE. CAPE CORAL, FL 33990</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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       DATE <b>10/29/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$200.00</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>Managing Member</b> <input type="checkbox"/> Delete NAME <b>FEZ SEVERINO</b> STREET ADDRESS <b>2201 18TH AVE</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>			TITLE <b>400043900074</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>01/04/05- 01012-001</b> <b>**\$150.00</b> STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 <b>10/29/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					