

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000043535

Entity Name: DREAM KITCHENS LLC

**FILED**  
**Dec 17, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

110B ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

2437 US1 SOUTH  
ST. AUGUSTINE, FL 32086 US

**Current Mailing Address:**

110B ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

2437 US1 SOUTH  
ST. AUGUSTINE, FL 32086 US

FEI Number: 55-0853189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CRIBBS, LOUIS F  
107 BONITA ROAD  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CRIBBS, LOUIS F MR.  
Address: 107 BONITA ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS F. CRIBBS

MGR

12/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date