

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 10 AM 9:05

DOCUMENT # L03000046663

1. Limited Liability Company's Name

GLEN BUCHANAN CABINETS, LLC

2. Principal Office Address

135 NE COMFREY TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

135 NE COMFREY TRAIL

Suite, Apt. #, etc.

City & State

MADISON, FL

City & State

MADISON, FL

Zip

32340

Country

USA

Zip

32340

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

01/01/2004

6. FEI Number

20-0427222

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

GLEN BUCHANAN

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

135 NE COMFREY TRAIL

Suite, Apt. #, Etc.

City

MADISON

State

FL

Zip Code

32340

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

*Glen Buchanan*

Date 03/13/2006

REGISTERED AGENT MUST SIGN

**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	GLEN BUCHANAN	135 NE COMFREY TRAIL	MADISON, FL 32340

05/02/05 90120 035 \$50.00  
370069063713  
03/30/06--01062--004 \*\*155.00

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

*Glen Buchanan*

Date 03/13/2006

Daytime Phone # 850/929-4787

Typed or printed name of signing Managing Member/Manager GLEN BUCHANAN