2005 LIMITED LIABILITY COMPANY REINSTATEMENT

	MENT # L03000046			层川	.ED		
JOSEPH FRUNZI INTERIOR TRIM, L.L.C.							
					05 MAY 17		
Principal Plac		Mailing Address		¬ ⊤/	SEUNEMARY	E.FLORIDA	
2045 HANOVER COURT TALLAHASSEE, FL 32303		2045 HANOVER COURT TALLAHASSEE, FL 32303		'	ALLAMASSE	E. FLORIDA	
					 	H 4634 BIDTO DITOLIBATI BIDTO HICCES IIL 1881	
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05172005	REIN-LLC	CR2E101 (6/04)	
City & State		City & State		4. FEI Numb	per	Applied For	
Zip Country		Zip Country		5 Contificati	a of Chat is Chasinad	Not Applicable \$5.00 Additional	
	S. Alama and Address of Current I	Bulletowed Agent	· · · · · · · · · · · · · · · · · · ·	<u></u>	e of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent Name				Name and Address of New Registered Agent			
FRUNZI, JOSEPH 2045 HANOVER COURT			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	SSEE, FL 32303					· ·	
			City	City FL 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 Signature Apen of privide name of registered agents of title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not liability company.						e check payable to a Department of State	
9.	MANAGING MEMBE		10,		ADDITIONS	/CHANGES	
TITLE NAME	MGRM FRUNZI, JOSEPH	☐ Defete	TITLE	Soseph	Frunzi	### □ Change Addition C ### Addition	
STREET ADDRESS	2045 HANOVER COURT		STREET ADDRESS 2	1045 K	a nover	<i>C</i> /	
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NAME		□ Delete	NAME				
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NAME		☐ Delete	TITLE NAME			C) change C; kouldon	
STREET ADDRESS CITY-ST-ZIP			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 empewered to execute this report as required by Chapter 608, Florida Statutes.							
5/15/10							
		///		~~~	1/17/10		
SIGNAT	TURE:	PSIGNING MANAGING MEMBER WAN	AGER, OR AUTHORIZED REPR	ESENTATIVE /	117/85	Daytime Prone #	