

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAR 18 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000046842		1. Entity Name JOSEPH FRUNZI INTERIOR TRIM, L.L.C.	
Principal Place of Business 2045 HANOVER COURT TALLAHASSEE, FL 32303		Mailing Address 2045 HANOVER COURT TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03182008 REIN-LLC CR2E101 (1/07)

4. FEI Number APPLIED FOR		<input type="checkbox"/> Applied For <input checked="" 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 FRUNZI, JOSEPH 2045 HANOVER COURT TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGRM FRUNZI, JOSEPH <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2045 HANOVER COURT TALLAHASSEE, FL 32303	STREET ADDRESS CITY-ST-ZIP	300121208013 03/25/08--01028--014 **277.50
TITLE NAME	MGRM FRUNZI, JOSEPH IV <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2045 HANOVER COURT TALLAHASSEE, FL 32303	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT 2007, 2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/18/08	Daytime Phone #
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