

12/27/05  
200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L03000047897

1. Limited Liability Company's Name

Faux Real Wood Finishes LLC

2. Principal Office Address

7800 Coral St.

Suite, Apt. #, etc.

# 171

City & State

Hypoluxo, FL

Zip

33462

Country

USA

3. Mailing Office Address

401 South Lakeside Dr.

Suite, Apt. #, etc.

Apt 1

City & State

Lake Worth FL

Zip

33460

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

9-26-05

6. FEI Number

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

Craig Fielding

700082389717

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

401 South Lakeside Dr. A

12/07/05--01052--010 \*\*200.00

Suite, Apt. #, Etc.

Apt # 1

City

Lake Worth FL

State

FL

Zip Code

33460

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

Craig Fielding

Date 11-30-06

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
Pres.	Craig Fielding	401 South Lakeside Dr. Apt #1	Lake Worth FL 33460

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

Craig Fielding

Date 1-02-07

Daytime Phone # (561) 452-0765

Typed or printed name of signing Managing Member/Manager