

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

05 MAR -9 AM 10:15

**DOCUMENT # L03000049898**

**1. Limited Liability Company's Name**

Central Florida Trim

**2. Principal Office Address**

8605 Claiborne Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

United States

**3. Mailing Office Address**

8605 Claiborne Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

United States

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

12/04/2003

**6. FEI Number**

450531126

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

Samuel J. McNeil

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

8605 Claiborne Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

**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

*Samuel J. McNeil*

Date 1-27-05

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
Owner	Samuel J. McNeil	8605 Claiborne Ct	Orlando, FL 32825

800048399678  
03/15/05--01007--019 \*\*100.00

**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

*Samuel J. McNeil*

Date 1-27-05

Daytime Phone # 407-340-7541

Typed or printed name of signing Managing Member/Manager

Samuel J. McNeil

CR2E041 (10/02)

February 22, 2005

CENTRAL FLORIDA  
8605 CLAIBORNE C  
ORLANDO, FL 3282

SUBJECT: CENTRA  
Ref. Number: L03006

Gretchen

Per Our Conversation

I was informed I did not have to

Pay for re-instatement. I did not

receive forms. Thank You

*Don Marks*

We have received your document for CENTRAL FLORIDA TRIM LLC and check(s) totaling \$100.00. However, your check(s) and document are being returned for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$50.00 filing fee per year for the years 2004 through 2005; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$200.00.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 205A00009013