

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

07 DEC -4 AM 11:51

CR2E041 (1/07)

DOCUMENT # L03000049898

1. Limited Liability Company's Name

Central Florida Trim, LLC

2. Principal Office Address - No P.O. Box #

2432 Lake Vista Ct.

Suite, Apt. #, etc.

214

City & State

Casselberry, FL

Zip

32707

Country

United States

3. Mailing Office Address

Same -

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida / United States

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

1996

6. FEI Number

75-0531126

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)

2432 LAKE VISTA CT.

Suite, Apt. #, Etc.

214

City

Casselberry

State

FL

Zip Code

32707

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 11-05-07

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
MGRM	McNeil, Samuel	2432 Lake Vista Ct. 214 Casselberry, FL 32707	32707-0107 11/30/07--0107--004 **100.00.

REINSTATEMENT 2006-07

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 11-5-07

Daytime Phone # 407-340-7541

Typed or printed name of signing Managing Member/Manager

Samuel J. McNeil