

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

06 DEC 21 AM 9:02

DOCUMENT # LO3 000 053357
1. Limited Liability Company's Name RUDY'S KITCHENS + BATH

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12/12/06--01045--007 **200.00

CR2E041 (8/05)

2. Principal Office Address <u>3969 SAWYER RD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>101 Webb St</u> Suite, Apt. #, etc.	
City & State <u>SARASOTA FL</u>		City & State <u>OSPREY FL</u>	
Zip <u>34233</u>	Country <u>SARASOTA</u>	Zip <u>34229</u>	Country <u>SARASOTA</u>

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>08-23-03</u>	
6. FEI Number <u>352223384</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <u>Rodolfo Vilches</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>101 Webb St</u>	
Suite, Apt. #, Etc.	
City <u>OSPREY</u>	State <u>FL</u>
Zip Code <u>34229</u>	

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 Rodolfo Vilches
REGISTERED AGENT MUST SIGN

Date 12-04-06

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
<u>owner</u>	<u>Rodolfo Vilches</u>	<u>3969 SAWYER RD</u>	<u>SARASOTA FL 34229</u>

REINSTATEMENT 05-06

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

Rodolfo Vilches

Date 12-04-06

Daytime Phone# (941) 780-9757

Typed or printed name of signing Managing Member/Manager