

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-1-06

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:20

DOCUMENT #

L03000053628

1. Limited Liability Company's Name

JEFFERSON DOOR + TRIM LLC

CR2E041 (8/05)

2. Principal Office Address

1421 COWART ROAD

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33567

Country

HILLSBOROUGH

3. Mailing Office Address

1421 COWART ROAD

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33567

Country

HILLSBOROUGH

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-17-03

6. FEI Number

86-1149508

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

RUSSELL JEFFERSON

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

1421 COWART ROAD

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33567

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

[Signature]

Date

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
MGR	RUSSELL JEFFERSON	1421 COWART ROAD	PLANT CITY, FL. 33567
			2011075959298 06/09/06--01005--002 **250.00
			REINSTATEMENT 04-06

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

[Signature]

Date 2-4-06

Daytime Phone# (813)650-0574

Typed or printed name of signing Managing Member/Manager