

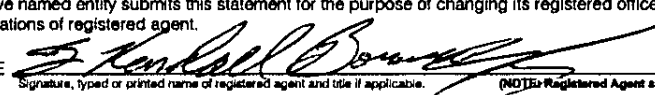
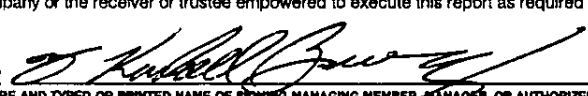


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000054802 1. Entity Name CABINETRY BY KENDALL, L.L.C.						FILED 2009 JAN -6 PM 3:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3408 28TH STREET WEST BRADENTON, FL 34205		Mailing Address 3408 28TH STREET WEST BRADENTON, FL 34205							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						12282008 REIN-LLC CR2E101 (1/07)	
City & State Zip Country		City & State Zip Country						4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable			
5. Name and Address of Current Registered Agent BOWMAN, T. KENDALL JR. 3408 28TH STREET WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>12/30/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEB IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWMAN, T. KENDALL JR. 3408 28TH STREET WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400139533084 01/06/09--01013--009 **138.75		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>12/30/08</u> <small>Date</small>		941-726-2470 <small>Daytime Phone #</small>					

REINSTATEMENT-08

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