

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 DEC -9 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000054829**

1. Limited Liability Company's Name

**MARK LEWIS CABINET
INSTALLATION LLC**

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

13824 SW 167 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Archer FL

City & State

Zip

32618

Country

ALACHUA

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

MARK LEWIS

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

13824 SW 167 TERR

Suite, Apt. #, Etc.

City

ARCHER

State

FL

Zip Code

32618

☒ 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

Mark Lewis

Date **10-21-09**

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
PRES	MARK LEWIS	13824 SW 167 TERR	ARCHER FL 32618

REINSTATEMENT 08-09 700163090597
11/24/09--01039--020 **277.50

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

Mark Lewis

Date **10-21-09**

Daytime Phone #

**352-
215-2316**

Typed or printed name of signing Managing Member/Manager

MARK LEWIS