

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 17 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000007547

1. Limited Liability Company's Name

Johnny's Cabinets, LLC

600182235316
06/17/10--01003--020 **516.25

CR2E041 (05/10)

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

11 Martin McRay Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 215

Suite, Apt. #, etc.

City & State

Midway Fla.

City & State

Midway Fla

Zip

32343

Country

Gadsden

Zip

32343

Country

Gadsden

4. State/Country of Formation

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 Johnny L. Johnson

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

11 Martin McRay Rd.

Suite, Apt. #, Etc.

City

Midway

State

FL

Zip Code

32343

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

Johnny L. Johnson

REGISTERED AGENT MUST SIGN

Date

REINSTATEMENT 2008-10-28

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
MEM	Johnny L. Johnson	11 Martin McRay Rd.	Midway FL 32343

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Johnny L. Johnson

Date

6-17-2018

Daytime Phone #

850-575-7674

Typed or printed name of signing Managing Member/Manager