

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000011127

1. Limited Liability Company's Name

SILLOH INTERIOR, LLC

2008 JAN 15 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 16171 SW 36th Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar, FL		City & State	
Zip 33027	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 02/10/2004	
6. -FEI Number 81-0644255	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 Johnny A. Gaspard, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 15025 NW 77th Avenue			
Suite, Apt. #, Etc. Suite 116			
City Miami Lakes	State FL	Zip Code 33014	

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/3/2008

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
MGRM	Bruce Hollis	16171 SW 36th Street	Miramar/FL/33027

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

Date 1-3-08

Daytime Phone# 954 549-0723

Typed or printed name of signing Managing Member/Manager