

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -3 AM 2:39

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000012232

1. Limited Liability Company's Name

Rick's Custom Trim, LLC

300207091403  
05/03/11--01037--001 \*\*377.50

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1057 NW Combs Terr.		3. Mailing Office Address 1057 NW Combs Terr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake City, FL		City & State Lake City, FL	
Zip 32055	Country USA	Zip 32055	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 2-16-2004	
6. FEI Number 200730208	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status 05/03/11--01037--001	

8. Name and Address of Current Registered Agent		
Name Richard M Sottis		
Street Address (P.O. Box Number is Not Acceptable) 1057 NW Combs Terr.		
Suite, Apt. #, Etc.		
City Lake City	State FL	Zip Code 32055

E-mail Address:

(To be used for future annual report notices)

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

Richard M. Sottis

Date 2/4/11

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
MEM	RICHARD M. SOTTIS	1057 NW COMBS TERR	LAKE CITY FL 32055

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Richard M. Sottis

Date 2/4/11

Daytime Phone # 386-754-5810

Typed or printed name of signing Managing Member/Manager

5/3/11