

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR -7 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600173240126
03/26/10--01040--007 **238.75

CR2E041 (11/09)

DOCUMENT # L04000019058

1. Limited Liability Company's Name

Walter Allen Custom Kitchens, LLC

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

16335 Tampa St

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Zip

Country

34604

Hernando

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2-27-2004

6. FEI Number

20-0942969

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

Walter C Allen

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

16335 Tampa St

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34604

☒ 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

Walter C Allen

Date 3-23-10

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
Mgt	Walter C. Allen	16335 Tampa St	Brooksville, FL 34604

REINSTATEMENT-08-10

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04/09/10--01001--008 **177.50

11. E-mail Address: wa.customkitch@bellsouth.net

(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

Walter C Allen

Date 3-23-10

Daytime Phone # 352-544-8120

Typed or printed name of signing Managing Member/Manager Walter C. Allen