

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 23 PM 1:15
TALLAHASSEE, FLORIDA

DOCUMENT # L04000032980

1. Limited Liability Company's Name

BAQUERO CABINETRY, LLC

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CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1951 Custom Drive Suite, Apt. #, etc. City & State Fort Myers, Florida Zip 33907		3. Mailing Office Address 222 NE 24th Avenue Suite, Apt. #, etc. City & State Cape Coral, Florida Zip 33909	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 04/30/2004	
6. FEI Number 20-1087781	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	

8. Name and Address of Current Registered Agent			
Name SPIEGEL & UTRERA, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd Street			
Suite, Apt. #, Etc. 4th Floor			
City Miami	State FL	Zip Code 33145	

☐ 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 By: <u>Natalia Utrera</u>	Date <u>7-18-08</u>
Natalia Utrera, Vice President 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
MGR	Baquero, Steven	222 NE 24th Avenue	Cape Coral, Florida 33909
REINSTATEMENT 2007-2008 01/18/08-01021-024-#377.50			

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 <u>Steven Baquero</u>	Date <u>7-18-08</u> Daytime Phone #
Typed or printed name of signing Managing Member/Manager <u>Steven Baquero, Operating Manager</u>	