

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:18

DOCUMENT # **L04000034679**

1. Limited Liability Company's Name

Kevin Pittman Cabinet Installation, LLC.

400082480294
12/12/06--01045--006 **255.00

CR2E041 (8/05)

2. Principal Office Address

5625 Ridge Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

5625 Ridge Ave.
Suite, Apt. #, etc.

City & State

Milton, Fla.

City & State

Milton, Fla.

Zip

32583

Country

U.S.

Zip

32583

Country

U.S.

4. State/Country of Formation

Florida USA.

5. Date Organized or Qualified
To Do Business in Florida

4/64

6. FEI Number

01-0813140

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

Kevin C. Pittman

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

5625 Ridge Ave.

Suite, Apt. #, Etc.

City

Milton, Fla.

State

FL

Zip Code

32583

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

Kevin C. Pittman

Date **12-07-06**

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	Kevin C. Pittman	5625 Ridge Ave.	Milton, Fla. 32583
MGR	Janet L. Pittman	5625 Ridge Ave.	Milton, Fla. 32583

REINSTATEMENT 05-06

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

Janet L. Pittman

Date **12/7/06**

Daytime Phone # **(850) 516-4986**

Typed or printed name of signing Managing Member/Manager

Janet L. Pittman