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To:
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Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

LIMITED LIABILITY REINSTATEMENT

M.L.C. TRIM, LLC

Certificate of Status	0
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DATE: 12-12-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: M.L.C. TRIM, LLC
MICHAEL L CODY

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 352 206 5305.

THANKS,

M.L.C. TRIM, LLC
MICHAEL L CODY

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000038049

1. Limited Liability Company's Name
M.L.C. TRIM, LLC

2. Principal Office Address	3. Mailing Office Address
11429 E BARD CT	11429 E BARD CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS FL	City & State: INVERNESS FL
Zip: 34450 Country: US	Zip: 34450 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/19/2004

6. FEI Number: ☑ Applied For ☐ Not Applicable

8. Name and Address of Current Registered Agent

Name: MICHAEL L CODY

Street Address (P.O. Box Number is Not Acceptable): 11429 E BARD CT

Suite, Apt. #, Etc.:

City: INVERNESS State: FL Zip Code: 34450

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of chapter [illegible] F.S.

Signature of Registered Agent: [signature] MICHAEL L CODY Date: 12-6-2006

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
MGRM	MICHAEL L CODY	9022 E GULF TO LAKE HWY	INVERNESS FL 34450

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: [signature] Date: 12-6-2006 Daytime Phone #: 352 206 5305

Typed or printed name of signing Managing Member/Manager: MICHAEL L CODY