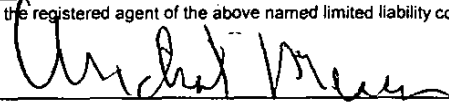
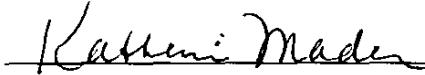


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|--|-----------------------------|--|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 06 NOV -2 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # L04000052220 1. Limited Liability Company's Name Palm Beach Cabinets and Designs, LLC | | | | | |
| 2. Principal Office Address 11419 Little Bear Way Suite, Apt. #, etc. | | 3. Mailing Office Address 5434 Sycamore Run Suite, Apt. #, etc. | | 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 7/14/2004 6. FEI Number 34-2004915 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| City & State Boca Raton, FL | | City & State Hahira, GA | | | |
| Zip 33428 | Country US | Zip 31632 | Country US | | |
| 8. Name and Address of Current Registered Agent Name Michael Mercer Street Address (P.O. Box Number is Not Acceptable) 11419 Little Bear Way Suite, Apt. #, Etc. City Boca Raton | | | | | |
| 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  Date 10/30/2006 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 | Katherine Maden | 11419 Little Bear Way | Boca Raton, FL 33428 | | |
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| 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  Date 10/30/2006 Daytime Phone # 229-506-9999 | | | | | |
| Typed or printed name of signing Managing Member/Manager Katherine Maden | | | | | |