

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000076226

1. Entity Name
J & D COUNTERTOP & CABINETS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 9:30

Principal Place of Business
13745 SUSAN KAY DRIVE #B
TAMPA, FL 33613

Mailing Address
13745 SUSAN KAY DRIVE #B
TAMPA, FL 33613

2. Principal Place of Business
11109 N. 22nd St.
Suite, Apt. #, etc.

3. Mailing Address
11109 N. 22nd St.
Suite, Apt. #, etc.

03212006 REIN-LLC CR2E101 (11/05)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
20-1771676

Applied For
Not Applicable

Zip
33612

Country
USA

Zip
33612

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, JOSE
13745 SUSAN KAY DRIVE #B
TAMPA, FL 33613

7. Name and Address of New Registered Agent

Name
JOSE CALDERON
Street Address (P.O. Box Number is Not Acceptable)
11109 N. 22nd St.
City TAMPA FL Zip Code 33612

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Jose Calderon

3/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR.
CALDERON, JOSE
11109 N. 22nd St.
Tampa, FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100069958551
04/10/06--01061--002 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

Jose Calderon, Mgr.

3/21/06

(813) 417-8292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 05-06