

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 21 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000078617

1. Limited Liability Company's Name

Smith's custom Interior Trim LLC

2. Principal Office Address - No P.O. Box #

2848 NATURAL BRIDGE RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

TALL FL

City & State

SAME

Zip

32305

Country

U.S.A.

Zip

SAME

Country

SAME

CR2E041 (1/07)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

William Dewayne Smith

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

2848 NATURAL BRIDGE RD.

Suite, Apt. #, Etc.

City

TALL

State

FL

Zip Code

32305

☒ 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

William Dewayne Smith
REGISTERED AGENT MUST SIGN

Date 2-20-07

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	William D. Smith	2848 NATURAL BRIDGE RD	TALL. FL. 32305

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02/23/07--01007--024 **150.00

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

William D. Smith

Date

2/21/07

Daytime Phone #

544.2362

Typed or printed name of signing Managing Member/Manager

William Dewayne Smith