## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000079795 06 MAR 27 AM 9: 30 1. Entity Name
J & J WOODWORK, LLC Mailing Address Principal Place of Business 6215 W 20 AVENUE 6215 W 20 AVENUE #315 #315 HIALEAH, FL 33012 US HIALEAH, FL 33012 Mailing Address 2. Principal Place of Business CR2E101 (11/05) Suite, Apt. #, etc. 03192006 REIN-LLC Suite, Apt. #, etc. Applied For City & State Not Applicable City & State \$5,00 Additional \_Country\_ Zip ---5. Certificate of Status Desired Country Fee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUAREZ, JOSE RAUL Street Address (P.O. Box Number is Not Acceptable) 6215 W 20 AVENUE #315 HIALEAH, FL 33012 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title it applicable. Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State FILE NOW!!! FEE IS \$100.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Addition 9. ☐ Change TITI F ☐ Delete **MGRM** TITLE **800070304738** 04/13/06--01016--014 \*\*100.00 NAME SUAREZ, JOSE RAUL NAME STREET ADDRESS 6215 W 20 AVENUE, #315 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition □ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 19. 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 AND TYPEF OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

786*-286-8*930

Daytime Phone #

03-19-06

Date