

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN 14 PM 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD4000081167

1. Limited Liability Company's Name

V AND V CABINETS, LLC

CR2E041 (1/11)

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

3930 VENETIAN CR.

Suite, Apt. #, etc.

3. Mailing Office Address

3930 VENETIAN CR

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32405

Country

BAY

City & State

PANAMA CITY, FL

Zip

32405

Country

BAY

4. State/Country of Formation

FL / BAY COUNTY

5. Date Organized or Qualified

To Do Business in Florida

11-8-04

6. FEI Number

421650235

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

VICTOR J. CUIDA

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

3930 VENETIAN CR.

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32405

E-mail Address:

vcuida@gmail.com  
(To be used for future annual report notices)

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

VICTOR J. CUIDA

Date 1-4-2011

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
MEM	VICTOR J. CUIDA	3930 VENETIAN CR.	PANAMA CITY FL 32405

REINSTATEMENT

09-11

800191453848

01/14/11--01021--018 \*\*\$16.25

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

VICTOR J. CUIDA

Date

1-14-11

Daytime Phone

850-596-2815

Typed or printed name of signing Managing Member/Manager

VICTOR J. CUIDA