



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:20

<b>DOCUMENT # L05000002483</b>					
<b>1. Entity Name</b> MY NICHE' DOORS, LLC					
<b>Principal Place of Business</b> 1804 SW 4TH CT FT. LAUDERDALE, FL 33312			<b>Mailing Address</b> 1804 SW 4TH CT FT. LAUDERDALE, FL 33312		
<b>2. Principal Place of Business</b> 23277 Barwood LNN Suite, Apt. #, etc. Unit #202 City & State Boca Raton Zip 33428 Country USA		<b>3. Mailing Address</b> 23277 Barwood LNN Suite, Apt. #, etc. # 202 City & State Boca Raton Zip 33428 Country USA			
<b>4. FEI Number</b> 10142006 REIN-LLC				CR2E101 (11/05)	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> WELCH, CHERYL A 1804 SW 4TH CT FT. LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b> Name Cheryl A Welch Street Address (P.O. Box Number is Not Acceptable) 23277 Barwood LNN Unit 202 City Boca Raton State FL Zip Code 33428		
<b>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.</b> SIGNATURE <u>Cheryl Welch</u> DATE <u>11/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2007, Fee will be \$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	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELCH, CHERYL A 1804 SW 4TH CT FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Cheryl. Welch A 23277 Barwood LNN Unit 202 Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELCH, JONATHAN B 1804 SW 4TH CT FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082684181 12/20/06--01057- 009 **55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELCH, TIFFANY R 1804 SW 4TH CT FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELCH, ANGEL J 1804 SW 4TH CT FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Cheryl Welch</u>			DATE <u>11/28/06</u> DAYTIME PHONE # <u>561-502-1767</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					