

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 DEC -4 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000016092

1. Limited Liability Company's Name

Master Crafters Home  
Improvement LLC

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

2836 SW. Faroe Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2836 S.W. Faroe Ave

Suite, Apt. #, etc.

City & State

Palm City FL

Zip

34990

Country

USA

City & State

Palm City FL

Zip

34990

Country

USA

4. State/Country of Formation

FL. USA

5. Date Organized or Qualified  
To Do Business in Florida

2-10-05

6. FEI Number

14-193-7505

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

Carl F. Raulin

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

2836 SW. Faroe Ave

Suite, Apt. #, etc.

City

Palm City

State

FL

Zip Code

34990

\* 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

*Carl F. Raulin*

REGISTERED AGENT MUST SIGN

Date

11-28-07

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

Pres. Carl Raulin 2836 SW. Faroe Ave Palm City FL 34990

500112717285  
11/30/07--01017--005 \*\*100.00

REINSTATEMENT

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

*Carl F. Raulin*

Date

11-28-07

Daytime Phone #

772-708-1628

Typed or printed name of signing Managing Member/Manager

Carl F. Raulin