


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:22

DOCUMENT # L05000021241	
1. Entity Name CALLAGHAN'S CUSTOM WOODWORK, LLC	

Principal Place of Business 621 W. INDIANA AVE 20 DELAND, FL 32720	Mailing Address 621 W. INDIANA AVE 20 DELAND, FL 32720
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2. Principal Place of Business - No P.O. Box # 8 PALMIRA RD Suite, Apt. #, etc.	3. Mailing Address 8 PALMIRA RD, Suite, Apt. #, etc.
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City & State DEBARY FLA	City & State DEBARY FLA
Zip 32713	Zip 32713
Country USA	Country USA

6. Name and Address of Current Registered Agent CALLAGHAN, FRANCIS 621 W INDIANA AVE 20 DELAND, FL 32720	
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01182007 REIN-LLC CR2E101 (1/07)

4. FEI Number 13 435 3268	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name CALLAGHAN FRANCIS Street Address (P.O. Box Number, is Not Acceptable) 8 PALMIRA RD DEBARY FLA 32713 City FL Zip Code	
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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.

SIGNATURE Francis Callaghan DATE 1-19-07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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

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.

SIGNATURE Francis Callaghan DATE 1/19/07 386 9561735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE