

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 JUN 30 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000157542030
06/22/09--01046--005 **416.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05006030901

1. Limited Liability Company's Name
Erasmus Garcia Cabinet Refacing LLC

2. Principal Office Address - No P.O. Box # <u>75 tortuga Rd</u>		3. Mailing Office Address <u>75 tortuga Rd.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Palm Spring FL</u>		City & State <u>Palm Spring FL</u>	
Zip <u>33401</u>	Country <u>USA</u>	Zip <u>33401</u>	Country <u>USA</u>

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
ERASMO GARCIA

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

Suite, Apt. #, Etc.

City
Palm Springs

State
FL

Zip Code
33401

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 _____ Date _____

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
<u>MGR</u>	<u>Erasmus Garcia</u>	<u>75 Tortuga Rd.</u>	<u>Palm Spring FL 33401</u>

REINSTATEMENT
2007-09

S. HAWKES
JUL 2 - 2009
EXAMINER

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 [Signature] Date 06-19-09 Daytime Phone # (561)317-5652

Typed or printed name of signing Managing Member/Manager _____