

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000059758

1. Limited Liability Company's Name

Lee's Cabinets, LLC

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

4806 North Coolidge Ave.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33614

Country

USA

3. Mailing Office Address

4806 North Coolidge Ave.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33614

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/30/05

6. FEI Number

51-0547445

☐ 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 **Tuyen Le**

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

4806 North Coolidge Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

E-mail Address:

etc1040@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

Date

9/14/11

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
Mgr	Tuyen Le	4806 North Coolidge Ave.	Tampa FL 33614

REINSTATEMENT

08-11
OR 9-21-11

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

Date **09/13/2011**

Daytime Phone #

813-325-4009

Typed or printed name of signing Managing Member/Manager **Tuyen Le**