

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -9 PM 4: 01

DOCUMENT # L05000074665

1. Limited Liability Company's Name

Andres Cabinetry and Trim, LLC

800138695918
12/08/08--01063--015 **138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 755 Grand Blvd		3. Mailing Office Address 755 Grand Blvd	
Suite, Apt. #, etc. B105-224		Suite, Apt. #, etc. B105-224	
City & State Miramar Beach, FL		City & State Miramar Beach, FL	
Zip 32550	Country United States	Zip 32550	Country United States

4. State/Country of Formation Florida/Walton	
5. Date Organized or Qualified To Do Business in Florida 07/26/05	
6. FEI Number 20-4476201	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Toni Reid		
Street Address (P.O. Box Number is Not Acceptable) 755 Grand Blvd		
Suite, Apt. #, Etc. B105-224		
City Miramar Beach	State FL	Zip Code 32550

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.
They had wrong address on file

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 Toni Reid REGISTERED AGENT MUST SIGN Date _____

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
MGRM	North American Information Technology	10859 Emerald Coast Pkwy #4-307	Miramar Beach, FL 32550
MGRM	Liberty Legal Research, LLC	755 Grand Blvd B105-355	Miramar Beach, FL 32550

REINSTATEMENT 07-08

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 Toni Reid Date 12-2-08 Daytime Phone 850-267-1400
signing as agent for managing member

Typed or printed name of signing Managing Member/Manager _____