

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 11 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000096269

1. Limited Liability Company's Name

At + H Kitchen & Baths, LLC

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

308 Sandpiper Dr
Suite, Apt. #, etc.

3. Mailing Office Address

308 Sandpiper Dr
Suite, Apt. #, etc.

City & State

Casselberry FL

Zip 32707 Country USA

City & State

Casselberry FL

Zip 32707 Country USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9.26.05

6. FEI Number

203508455

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

James J Holloway

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

308 Sandpiper Dr

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-19-07

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
<u>President</u>	<u>James Holloway</u>	<u>308 Sandpiper Dr</u>	<u>Casselberry FL 32707</u>
<u>CEO</u>	<u>Mark Henderson</u>	<u>1004 Sarge Ct.</u>	<u>Orlando FL 32708</u>

REINSTATEMENT

06-07

200106022722
07/12/07--01052--016 **100.00

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 6-19-07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager