

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000101305**

1. Limited Liability Company's Name

Cornerstone Cabinetry LLC

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

585 92nd Ave. North

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

US

3. Mailing Office Address

585 92nd Ave. North

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

US

4. State/Country of Formation

FL, US

5. Date Organized or Qualified
To Do Business in Florida

Oct. 14, 2005

6. FEI Number

20-3629067

☒ 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

Kevin J. Finn

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

585 92nd Ave. North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

900188189239
11/30/10--01003--002 **377.50

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 **November 26, 2010**

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
MGRM	Kevin J. Finn	585 92nd Ave. North	Naples, FL 34108

11. E-mail Address **living4him76@yahoo.com**

(To be used for future annual report notifications)

12. 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

Date **11/26/2010**

Daytime Phone # **816-820-0263**

Typed or printed name of signing Managing Member/Manager **Kevin J. Finn**