

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 25 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000005147

1. Limited Liability Company's Name

ISAAC CABINETS

600162766976
11/12/09--11034--1131--338.75

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

23225 NW COUNTY RD 236

Suite, Apt. #, etc

3. Mailing Office Address

23225 NW COUNTY RD 236

Suite, Apt. #, etc

4. State/Country of Formation **FLORIDA**

5. Date Organized or Qualified
To Do Business in Florida **01/17/2006**

City & State

HIGH SPRINGS, FL

City & State

HIGH SPRINGS, FL

6. FEI Number

030578257

Applied For

Not Applicable

Zip

Country

32643

UNITED STATES

Zip

Country

32643

UNITED STATES

7. CERTIFICATE OF STATUS DESIRED

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

NELSON ISAAC MARTINEZ

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

23225 NW COUNTY RD 236

Suite, Apt. #, Etc.

City

HIGH SPRINGS

State

FL

Zip Code

32643



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 fee 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

Nelson Martinez

REGISTERED AGENT MUST SIGN

Date **11/06/09**

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	NELSON ISAAC MARTINEZ	23225 NW COUNTY RD 236	HIGH SPRINGS, FL 32643

REINSTATEMENT 2008-09

JB

11. E-mail Address: _____

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

Nelson Martinez

Date **11/06/09**

Daytime Phone # _____

Typed or Printed name of signing Managing Member/Manager

NELSON ISAAC MARTINEZ