2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000023781

1. Entity Name
JM KITCHEN CABINET INSTALLER, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 23 AM 9:21

05082008 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
15532 SW 71 STREET MIAMI, FL 33193	15532 SW 71 STREET MIAMI, FL 33193

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9601 SW 142ND AVE.	1820 JAMES AVENUE
Suite, Apt. #, etc.: 924	Suite, Apt. #, etc.: 2B
City & State: MIAMI - FL	City & State: MIAMI BEACH - FL
Zip: 33186 Country: US	Zip: 33139 Country: US

4. FEI Number: 20-4747923 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTELLANO, CYNTHIA 15532 SW 71 STREET MIAMI, FL 33193	Name: FELIX M. VALIDO Street Address (P.O. Box Number is Not Acceptable): 1820 JAMES AVENUE APT. 2B City: MIAMI BEACH FL Zip Code: 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 5/8/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, JUAN M 15532 SW 71 STREET MIAMI, FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9601 SW 142ND AVENUE - #924 MIAMI - FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTELLANO, CYNTHIA 15532 SW 71 STREET MIAMI, FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9601 SW 142ND AVENUE - #924 MIAMI - FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300129490763 05/14/08--01049--003 **282.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 4/9/P 07-08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X _____ 5/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #