L06000043936

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

FILED
08 MAY 21 AM 10:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

TUSCANY CABINETS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	[redacted]

$277.50

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G. MCLEOD

MAY 22 2008

EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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08 MAY 21 AM 10:31
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L06000043936

1. Limited Liability Company's Name

TUSCANY CABINETS, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9821 NW 80 AVE		9821 NW 80 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#5N & #5O		#5N & #5O	
City & State		City & State	
HIALEAH GARDENS FL		HIALEAH GARDENS FL	
Zip	Country	Zip	Country
33016	US	33016	US

4. State/Country of Formation: FL/ US

5. Date Organized or Qualified To Do Business in Florida: 04/27/2006

6. FEI Number: 20-4773785 ☐ 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: GUSTAVO A RAMIREZ

Street Address (P.O. Box Number is Not Acceptable): 9821 NW 80 AVE

Suite, Apt. #, Etc.: #5N & #5O

City: HIALEAH GARDENS | State: FL | Zip Code: 33016

☑ 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 _____ Date _____

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	GUSTAVO A RAMIREZ	9821 NW 80 AVE #5N & #5O	HIALEAH GARDENS FL 33016
MGRM	CARLOS E. PAOLINI	9821 NW 80 AVE #5N & #5O	HIALEAH GARDENS FL 33016

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 _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Gustavo A. Ramirez