


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 OCT 26 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800187105688 10/26/10--01039--005 **377.50 CR2E041 (05/10)	
DOCUMENT # <u>LD7000024682</u>				
1. Limited Liability Company's Name C.M.W INTERIOR SERVICES LLC				
2. Principal Office Address - No P.O. Box # 7481 CITRUS BLVD Suite, Apt. #, etc.		3. Mailing Office Address 7481 SW CITRUS BLVD Suite, Apt. #, etc.		
City & State PALM CITY FLORIDA		City & State PALM CITY FLORIDA		
Zip 34990	Country USA	Zip 34990	Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 03/05/2007		
6. FEI Number 260732464		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				
Name JEFFREY A GREEN				
Street Address (P.O. Box Number is Not Acceptable) 7481 SW CITRUS BLVD				
Suite, Apt. #, Etc.				
City PALM CITY		State FL	Zip Code 34990	
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	
MGR MEMBER	JEFFREY A. GREEN	7481 SW CITRUS BLVD	PALM CITY FLORIDA 34990	
REINSTATEMENT <i>OK 10-27-10 09-10</i>				
11. E-mail Address _____ <small>(To be used for future annual report notifications)</small>				
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 <u><i>Jeffrey A. Green</i></u>		Date <u>10/19/10</u>	Daytime Phone # <u>772-626-7722</u>	
Typed or printed name of signing Managing Member/Manager _____				