

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000094796

FILED
Mar 30, 2009
Secretary of State

Entity Name: BOB KAY'S CABINET INSTALLATION LLC

Current Principal Place of Business:

18217 PORSCHE PLACE
SPRING HILL, FL 34690 US

New Principal Place of Business:

18217 PORSCHE PLACE
SPRING HILL, FL 34610 US

Current Mailing Address:

18217 PORSCHE PLACE
SPRING HILL, FL 34690 US

New Mailing Address:

18217 PORSCHE PLACE
SPRING HILL, FL 34610 US

FEI Number: 59-3579889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SUE G. KNIGHT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KAY, ROBERT J
Address: 18217 PORSCHE PLACE
City-St-Zip: SPRING HILL, FL 34690 US

Title: MGRM () Delete
Name: KAY, GINA L
Address: 18217 PORSCHE PLACE
City-St-Zip: SPRING HILL, FL 34690 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GINA L. KAY

MGRM

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date