


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 28 PM 12:28

DOCUMENT #
1. Limited Liability Company's Name
ULTIMATE HOME CINEMA & INTERIORS LLC.

800181379608
05/26/10--01021--002 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
10912 NW 81st MANOR
Suite, Apt. #, etc.

3. Mailing Office Address
6574 No. STATE RD 7
Suite, Apt. # etc.
393
City & State
PARKLAND FL 33076
Zip
33076 Country
USA

City & State
Coconut Creek FL
Zip
33073 Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
9-26-08

6. FBI Number
22-3970192 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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22nd Street, 4th Floor

Suite, Apt. #, Etc.

City
Miami State
FL Zip Code
33145

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.

SPIEGEL & UTRERA, P.A.

Signature of Registered Agent By *Natalia Utrera* **Natalia Utrera, Vice-President** Date **5/24/2010**

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	RICHARD MARSH	6574 N. State Rd. 7 # 393	Coconut Creek, FL 33073
MGRM	MICHELLE MARSH	6574 N. State Rd. 7 # 393	Coconut Creek, FL 33073
MGRM	AMANDA MARSH	" " "	" " "
MGRM	CHRISTOPHER MARSH	" " "	" " "
MGRM	SUSAN MARSH	" " "	" " "

11. E-mail Address: **richard@ultimatehomecinema.com**
(To be used for future annual report notifications)

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 *Richard Marsh* Date _____ Daytime Phone # **954 825 9811**

Typed or printed name of signing Managing Member/Manager **RICHARD O.C. MARSH**

REINSTATEMENT 2008-2010

T. Hampton JUN - 1 2010