

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000022847

1. Limited Liability Company's Name

MASSEY'S CABINETS & COUNTER TOPS, LLC

2. Principal Office Address - No P.O. Box #

2869 Dusa Drive

Suite, Apt. #, etc

City & State

Melbourne, FL

Zip

32934

Country

Brevard

3. Mailing Office Address

2028 Stewart Rd

Suite, Apt. #, etc

Lot 74

City & State

Melbourne, FL

Zip

32935

Country

Brevard

8. Name and Address of Current Registered Agent

Name

Alvin Massey

Street Address (P.O. Box Number is Not Acceptable)

2028 Stewart Rd

Suite, Apt. #, Etc

Lot 74

City

Melbourne

State

FL

Zip Code

32935

4. State/Country of Formation

Florida - Brevard Co.

5. Date Organized or Qualified  
To Do Business in Florida

02/22/2011

6. FEI Number

80-0689084

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

700244936147  
02/21/13--01006--008 \*\*382.50

(To be used for future annual report notices)

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

Alvin S. Massey

Date 2-14-13

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	Alvin Massey	2028 Stewart Rd Lot 74	Melbourne FL 32935

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Alvin S. Massey

Date 2-14-13

Daytime Phone # 321-368-1021

Typed or printed name of signing Managing Member/Manager