## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT		Secretary	MENT OF STATE y of State DRPORATIONS		13 NOV 13		
DOCUMENT # LIAC 1. Limited Liability Company's Name  Custom G	-50 vite		I <b>NST</b> ATEMI	ENT	SECRETARY O TALLAHASSEE,	FLORIDA	
Kitchens + Bath'S LLC  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				11/	700253802997 11/13/13祝祝和 **238.75		
12.0 W. 15 4 St. Suite, Apt. #, etc.	. 1	10 W. 15 & Street 4		5. Date Orga			
City & State  Panama Cit  Zip Country  32401 Bay	City & State		City,FI Country	6. FEI Numb	"(LQ 0342	Applied For Not Applicable  \$5.00 Additional fee required	
8. Name and Address of Current Registered Agent  Name Sherman F. Yarbrough  Street Address (P.O. Box Number is Not Acceptable)  1210 W. 154 Street  Sulte, Apt #, Etc.  Panama City, Fl.				E-mail Address:  Customaranite kitchens boths eqmail.com			
			FL 32401	(To b	e 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 808, F.S.  Signature of Registered Agent Mark Sign  REGISTERED AGENT MIST SIGN							
10. Names and Street Addresses of Managing Members Manage Titles Name of		Street Address of Each		City / State / Zip			
Managing Member	Managing Members/ Managers		Managing Member/ Manager				
MGRM Sherman				teet	Panama Ci	, ' <i>'</i>	
Α- ΙΛΛ '		1000	W. 15-12-54	سلام صحب	113 / 1	1. TI 27/101	
mbrm Marion S.	Tucker	IAIO (	<u>w. 10                                   </u>	(IEEI	Janama Ci	ty, F1.32401	
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mgrm Marion S.	lucker	1210	<u> </u>	(ieei	NOV J	S <b>Z013</b>	
11. I certify that I am managing member/methis reinstatement application the reaso fees owed by the limited liability comparif made under oath. I am aware that fall Signature of Managing Member/Manager	anager or the receiver or on for dissolution has been ony have been paid. The in	trustee empo n eliminated, nformation in	owered to execute this appl the limited liability compar dicated on this application that the Department of Sta	y name satisfies to is true and accura te constitutes a thi	C. CARRI	urther certify that when filing 508.406, F.S., and that all ave the same legal effect as d for in s.817.155, F.S.	