

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 MAR 31 PM 1:50

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # L12000087779

1. Limited Liability Company's Name
MCS Cabinet Group LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
6321 Metro Plantation Rd

Suite, Apt. #, etc.

3. Mailing Office Address
6321 Metro Plantation Rd

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip
33966

Country
USA

City & State
Fort Myers, FL

Zip
33966

Country
USA

4. State/Country of Formation
FL- USA

5. Date Organized or Qualified
To Do Business in Florida
07/05/2012

6. FEI Number
46-0534036

☐ 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
Brian Rimmel

Street Address (P.O. Box Number is Not Acceptable)
6321 Metro Plantation Rd

Suite, Apt. #, Etc.

City
Fort Myers

State Zip Code
FL 33966

500269194775
03/31/15--01025--021 **138.75

500269194775
02/05/15--01025--022 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02/02/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Brian Rimmel	6321 Metro Plantation Rd	Fort Myers, FL 33966
MGR	Dina Bennett	6321 Metro Plantation Rd	Fort Myers, FL 33966
	L. SELLERS		
	APR - 1 2015		
	APR - 1 2015		
	L. SELLERS		

REINSTATEMENT 2014-
2015

11. E-mail Address: brian@mcscabinets.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 02/02/2015

Daytime Phone # 239-297-9272

Typed or printed name of signing Authorized Representative/Manager Brian Rimmel