

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L97000001266**

1. Limited Liability Company's Name

CHRISTOPHER PEACOCK (FL), L.C.

FILED
00 DEC 22 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

2. Principal Office Address

234 SO. COUNTY RD

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

Zip

33480

Country

US

3. Mailing Office Address

234 S. COUNTY RD

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

Zip

33480

Country

US

4. State/Country of Formation:

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

11/12/97

6. FEI Number

65-0796081

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

FELTON PERVIER

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

CHRISTOPHER PEACOCK CABINETRY, L.C.

Suite, Apt. #, Etc.

234 SO. COUNTY ROAD

City

PALM BEACH

State

FL

Zip Code

33480

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/20/00**

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	CHRISTOPHER PEACOCK KITCHENS INC	34 E. PUTNAM AVE	GREENWICH, CT 06830
MGRM	PERVIER & ZIEGLER ENT. INC	5381 HOFFNER AVE	ORLANDO, FL 32812
			700003524417--0
			-01/05/01--01018--002
			****155.00 ****155.00

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.

Signature of
Managing Member/Manager

[Signature]

Date **11/20/02**

Daytime Phone #

561 833 3232

Typed or printed name of signing Managing Member/Manager

FELTON PERVIER

CR2E041 (9/00)