2005 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT						FILED				
DOCUMENT # L99000004728						1	2			
1. Entity Name MILLENNIUM SOLID SURFACES, L.C.					2005 APR 12 ₽ 2: 17					
Principal Place of 6548 PARVIN I JACKSONVILLE,	DRIVE	Mailing Address 6548 PARVIN DRIVE JACKSONVILLE, FL 32210			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
JACKSONVILLE,	16 32210	JACKSONVILLE, PE 32	210] 	ID IDIR IBRI TAKI BEII BEII	I BTIII BBIII BINII II	IZIZ ITEST IEI	FB)	
2. Principal Plac	ce of Business	3. Mailing Address								
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			04052005 REIN-LLC CR2E101 (6/04)					
City & State		City & State			4. FEI Number Applied For 59-3587299 Not Applicable					
Zip	Country	Žip	Country		1	e of Status Desired		.00 Add	litional	
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
NACKINO, MARC					s (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32210						DEL IS INDI ACCEPIADIE	, 			
<i>(</i>				City	City FL Zip Code					
8. The above na	amed entity submits this statement for as of registered agent	r the purpose of changing its	register	I ad office or register	red agent, or b	oth, in the State of Flo	1	iliar with,	and accept	
SIGNATURE	gnature, typed or printed name of registered agent	MARC 1	<i>J PAC</i> E: Register	メルク ed Agent signature requir	red when reinstating		-7-0-	5		
FILE NOW!!! FEE IS \$200.00							e check paya Department		•	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
	MGR NACKINO, MARC	☐ Delete	TITL] Change	Addition	
l I	5548 PARVIN DRIVE JACKSONVILLE, FL 32210			ET ADDRESS - ST - ZIP						
TITLE		☐ Defete	TITL			<u> </u>	E] Change	Addition	
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP TITLE		Delete	CITY	· ST - ZIP			<u>.</u>] Change	Addition	
NAME STREET ADDRESS		_ 5332	NAM	L	ı	יבבחוחות				
CITY-SI-ZIP				-ST-ZIP	05/0	100053: 05/0501068	5019	**200	.00	
NAME		□ Delete	NAW	· I				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE NAME		☐ Delete	TITU	· I		<u>जिस्त</u> स्टब्स्	OTEN	CHange	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	Lumin		Malibon	II _C	OCT.	
TITLE		☐ Delete	TITL					Change	Addition	
NAME STREET ADDRESS				ET ADDRESS						
inc₃cated or	tify that the information supplied with	that my signature shall have	r the exe	e legal effect as if n	nade under oat	h: that I am a manan	further certify	that the in	formation r of the	
limited liabili	ity company or the receiver or trustee	empowered to execute this	report a	required by Chap	ter 608, Florida	Statutes.		. mariage	. 5. 110	
SIGNATU	IRE: Ma Justine and typed on printed name of	L MARC	NACED OF	VACKINO		4-7-05 Date		7 545	5-5136	