

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. 7
DIVISION

07 OCT 24 PM 3: 54

DOCUMENT # M04000000915

1. Limited Liability Company's Name

Capital Marblecraft, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 315 Industrial Blvd.		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Thomasville, GA		City & State	
Zip 31792	Country USA	Zip	Country

4. State/Country of Formation Georgia	
5. Date Organized or Qualified To Do Business in Florida 03/09/2004	
6. FEI Number 030505936	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name David B. Switalski		
Street Address (P.O. Box Number is Not Acceptable) 122 S. Calhoun Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 David B. Switalski Date 10-16-07
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	Wayne Day	315 Industrial Boulevard	Thomasville, GA 31792

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10/24/07--01042--007 **250.00

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 Wayne Day Date 10-11-07 Daytime Phone # 229-228-5225

Typed or printed name of signing Managing Member/Manager Wayne Day