

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/26/02--01035--005 **150.00

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 801000009907

1. Limited Liability Company's Name

LUXURY SHOWER DOORS, Inc.

2. Principal Office Address

5731 SW 130 PL.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami FL

City & State

SAME

Zip

33183

Country

USA

Zip

SAME

Country

SAME

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

JAN # 2001

6. FEI Number

65-1086137

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

CABRERA, ISRAEL

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

5731 SW 130 PLACE

Suite, Apt. #, Etc.

City

MIAMI, FL. 33183

State

FL

Zip Code

33183

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 11-21-02

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
DP	CABRERA ISRAEL	5731 SW 130 PLACE	MIAMI FL 33183
S	HERNANDEZ, GUESSLEN	5731 SW 130 PLACE	MIAMI FL 33183

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 11-21-02 Daytime Phone# 305-387-5782

Typed or printed name of signing Managing Member/Manager

ISRAEL CABRERA

CR2E041 (9/01)

DEPARTMENT OF STATE:

Division of Corporations

Registration Section

P.O. Box 6327

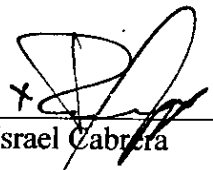
Tallahassee, FL 32314

Miami 11-21-2002

To Whom It May Concern:

Please find a complete reinstatement form, with a check # 1198 for \$150.00 to reinstall my active status of the corporation. We never receive a notification of payment and we follow an explanation letter according to your operator instruction, thanking you in advance for your cooperation.

Sincerely,
Luxury Shower Door


Israel Cabrera