

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 28 AM 8:46

DOCUMENT # L03000051415

1. Entity Name  
FRANKLIN VEGA DRYWALL LLC



Principal Place of Business  
5933 MEADOW LN  
CRESTVIEW, FL 32539

Mailing Address  
5933 MEADOW LN  
CRESTVIEW, FL 32539

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232005 REIN-LLC CR2E101 (6/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, FRANKLIN  
5933 MEADOW LN  
CRESTVIEW, FL 32539

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME VEGA, FRANKLIN  
STREET ADDRESS 5933 MEADOW LN  
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE ☐ Change ☐ Addition  
NAME 100048028301  
STREET ADDRESS 03/03/05--01010--007  
CITY-ST-ZIP \*\*200.00

TITLE MGRM ☐ Delete  
NAME RUBEN ENRQUE VELAZQUES  
STREET ADDRESS 5933 MEADOW LN  
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME RODRIGUEZ, CESAR  
STREET ADDRESS 5933 MEADOW LN  
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 04-05