

# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

15 SEP 29 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



09282015 REIN-LLC CR2E101 (12/11)

<b>DOCUMENT # L14000061890</b>				
1. Entity Name RIVAS T DRYWALL LLC				
Principal Place of Business 1141 HAZEL GREEN RD QUINCY, FL 32352		Mailing Address 1141 HAZEL GREEN RD QUINCY, FL 32352		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
RIVAS, MARCO T 1141 HAZEL GREEN RD QUINCY, FL 32352				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City <span style="float: right;">FL</span> 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 <u>MARCO T RIVAS</u> (NOTE: Registered Agent signature required when reinstating) DATE				

<b>FILE NOW!!! FEE IS \$238.75</b> After January 1, 2016, Fee will be \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVAS, MARCO T		NAME		
STREET ADDRESS	1141 HAZEL GREEN RD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	AP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVEROS, JOSE		NAME		
STREET ADDRESS	1141 HAZEL GREEN RD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	AP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALACIOS, OSCAR A		NAME		
STREET ADDRESS	1141 HAZEL GREEN RD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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REINSTATEMENT

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Marco Rivas      Date \_\_\_\_\_      E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      E-MAIL ADDRESS