

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000019650**

**FILED**

03 MAY 22 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000018937910  
05/14/03--01030--019 \*\*150.00

DOCUMENT # **L01000019650**  
1. Limited Liability Company's Name  
**Davis + Sons Drywall and Framing, LLC**

2. Principal Office Address  
**100 Emerald Isle Rd**  
Suite, Apt. #, etc.  
City & State  
**Haines City, FL**  
Zip  
**33844** Country  
**USA**

3. Mailing Office Address  
**P.O. Box 750**  
Suite, Apt. #, etc.  
City & State  
**Haines City, FL**  
Zip  
**33845** Country  
**USA**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**11/8/01**

6. FEI Number  
**81-06076129** 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  
**Darleen L. Davis**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 Emerald Isle Road**  
Suite, Apt. #, Etc.  
City  
**Haines City** State  
**FL** Zip Code  
**33844**

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  
**Darleen L. Davis** Date  
**4/29/03**  
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
<b>mgr</b>	<b>Pres. Darleen L. Davis</b>	<b>100 Emerald Isle Rd</b>	<b>Haines City FL 33844</b>

**REINSTATEMENT 03-03**  
**DC**

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  
**Darleen L. Davis** Date  
**4/29/03** Daytime Phone #  
**(813) 422-5984**  
Typed or printed name of signing Managing Member/Manager  
**Darleen L. Davis**

CR2041 (9/01)