

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
mgr	Pres. Darleen L. Davis	100 Emerald Isle Rd	Haines City FL 33845

REINSTATEMENT 02-03
Dec

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)