

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -3 AM 10:08

**DOCUMENT # L03000044047**

1. Limited Liability Company's Name

A-1 Drywall Specialist LLC

2. Principal Office Address

*Same -*

3. Mailing Office Address

9140 bullrush court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Newport richy FL

Zip

Country

Zip

Country

34654

usa

4. State/Country of Formation

Fla usa

5. Date Organized or Qualified  
To Do Business in Florida

11/14/2003

6. FEI Number

200448991

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

Anita Derks

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

9140 Bullrush ct

Suite, Apt. #, Etc.

City

Newport richy

State

FL

Zip Code

34654

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

*Anita Derks*

REGISTERED AGENT MUST SIGN

Date

8-1-05

**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
owner	Anita Derks	9140 bullrush ct	Newport richy fl 34654

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

*Anita Derks*

Date

8-1-05

Daytime Phone #

727 237-7377

Typed or printed name of signing Managing Member/Manager

CR2ED041 (10/02)