# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048169

1. Entity Name
CHAD M. SMITH DRYWALL & REPAIRS, L.L.C.

FILED
07 MAR 12 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03022007 REIN-LLC CR2E101 (1/07)

| Principal Place of Business | Mailing Address |
|---|---|
| 3748-A DONOVAN DRIVE<br>TALLAHASSEE, FL 32309 | 3748-A DONOVAN DRIVE<br>TALLAHASSEE, FL 32309 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2124 Ted hines dr. | 2124 Ted hines dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tallahassee Fl. | City & State: Tallahassee Fl. |
| Zip: 32308 Country: Leon | Zip: 32308 Country: Leon |

4. FEI Number: 02-0712219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, CHAD M
3748 DONOVAN DRIVE, #A
TALLAHASSEE, FL 32309

**7. Name and Address of New Registered Agent**

Name: Smith, Chad M
Street Address (P.O. Box Number is Not Acceptable): 2124 Ted hines dr.
City: Tallahassee **FL** Zip Code: 32308

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: Chad M Smith — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Chad M Smith — DATE: 3-11-07

**FILE NOW!!! FEE IS $200.00**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SMITH, CHAD M<br>3748-A DONOVAN DRIVE<br>TALLAHASSEE, FL 32309 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Smith Chad M<br>2124 Ted hines dr.<br>Tallahassee Fl. 32308 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 000092364150<br>03/12/07--01021--024 **200.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Chad M Smith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 3-11-07 — Daytime Phone #: (850) 591-8322