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 TALLAHASSEE, FL 32309	3748-A DONOVAN DRIVE 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	7. Name and Address of New Registered Agent
SMITH, CHAD M 3748 DONOVAN DRIVE, #A TALLAHASSEE, FL 32309	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 — Chad M Smith — 3-11-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

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

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