

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 APR 30 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000048302

1. Limited Liability Company's Name

RC Drywall, LLC

2. Principal Office Address - No P.O. Box #

142 Loizos Drive

Suite, Apt. #, etc.

3. Mailing Office Address

142 Loizos Drive

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

Zip

32548

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **11/26/03**

6. FEI Number

050591265

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

CHAPPELEAR, ROBERT T

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

142 Loizos Drive

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

E-mail Address:

800233195958
04/30/12--01018--010 **500.00

timchappelear@yahoo.com

(To be used for future annual report notices)

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

see below

800233195958
04/30/12--01018--008 **41.25

Date

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
MGRM	Chappelear, Robert T.	142 Loizos Drive	Fort Walton Beach, FL 32548

REINSTATEMENT 10-12

08-4-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

Robert T. Chappelear

Date

4/27/12

Daytime Phone #

850/362-9805

Typed or printed name of signing Managing Member/Manager **Robert T. Chappelear**