

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

06 APR 24 AM 10:21

#25060  
10-1-04

DOCUMENT # L03000048953

1. Limited Liability Company's Name

BDC DRYWALL, LLC

CR2E041 (8/05)

2. Principal Office Address

721 CRESTOOD ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARY ESTHER

City & State

Zip

32569

Country

USA

Zip

Country

4. State/Country of Formation

FLA/USA

5. Date Organized or Qualified  
To Do Business in Florida

12/01/2003

6. FEI Number

77-0614655

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

JERRY A. CHALFANT

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

721 CRESTOOD ST.

Suite, Apt. #, Etc.

City

MARY ESTHER

State

FL

Zip Code

32569

100074663851

05/16/06--01029--002 \*\*250.00

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

*Jerry A. Chalfant*  
REGISTERED AGENT MUST SIGN

Date 03/23/2006

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
President	Jerry A. Chalfant	721 Crestwood St	Mary Esther FLA 32569

REINSTATEMENT 04-06

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

*Jerry A. Chalfant*

Date 03/23/2006

Daytime Phone # 850-229-2664

Typed or printed name of signing Managing Member/Manager JERRY A. CHALFANT