


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L030000 49126

1. Limited Liability Company's Name

BUSBEE DRYWALL LLC

FILED

07 JUN -8 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900104109509
06/08/07--01003--014 **275.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>6135 GARDEN CITY RD</u>		3. Mailing Office Address <u>6135 GARDEN CITY RD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Crestview, FL</u>		City & State <u>Crestview, FL</u>	
Zip <u>32539</u>	Country <u>OKALOOSA</u>	Zip <u>32539</u>	Country <u>OKALOOSA</u>

4. State/Country of Formation <u>FL / OKALOOSA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>1-1-2004</u>	
6. FEI Number <u>26-0076839</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <u>RICKY BUSBEE</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6135 GARDEN CITY RD</u>	
Suite, Apt. #, Etc.	
City <u>Crestview</u>	State <u>FL</u> Zip Code <u>32539</u>

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Amendment
REGISTERED AGENT MUST SIGN

Date _____

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
MGR	BUSBEE, RICKY	6135 GARDEN CITY RD	CRESTVIEW, FL 32539
MGR	BUSBEE, WILLIAM	120 CAMILIA PL	CRESTVIEW, FL 32539
MGR	BUSBEE, RAY	3118 HELMS FARM RD	LAUREL HILL, FL 32567
REINSTATEMENT			FF 535.07
2005-2007			DB

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 Ricky Busbee Date 6-1-07 Daytime Phone # 850-682-3891

Typed or printed name of signing Managing Member/Manager Ricky Busbee