

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

05 JAN -3 PM 3:50

DOCUMENT # 203000054712

1. Limited Liability Company's Name

MITCHELL'S TILE & DRYWALL, LLC

2. Principal Office Address

935 POCHAHONTAS LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

City & State

Zip

32547

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-19-2003

6. FEI Number

☒ 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

ROBERT C. MITCHELL

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

935 POCHAHONTAS LANE

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32547

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

Robert C. Mitchell

REGISTERED AGENT MUST SIGN

Date 12-22-04

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	ROBERT C. MITCHELL	935 POCHAHONTAS LANE	FORT WALTON BEACH, FL 32547
			300043815363 01/03/05--01054--003 **150.00

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

Robert C. Mitchell

Date 12-22-04

Daytime Phone # 850-885-5975

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

DOWD LAW FIRM

285 Highway 98 East, Suite A-2
Destin, Florida 32541

John R. Dowd, Jr.
Michael R. Leininger
Attorneys at Law

Telephone: (850) 650-2202
Facsimile: (850) 650-5808

December 22, 2004

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Reinstatement for MITCHELL'S TILE & DRYWALL, LLC

Dear Sir or Madam:

Please find the enclosed Reinstatement for MITCHELL'S TILE & DRYWALL, LLC. I request that you please forward the same to the appropriate department in the Division of Corporations. A check for the \$150.00 filing fee for the filing is enclosed herein.

Thank you for your professional courtesy and immediate attention to this matter. If I may be of further assistance in any way or there are any deficiencies in this request, please contact me via the above-listed information.

Sincerely,



Michael R. Leininger

MRL
Enclosures