



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 18 AM 9:20

DOCUMENT # L03000054712					
1. Entity Name MITCHELL'S TILE & DRYWALL, LLC					
Principal Place of Business 935 POCHAHONTAS LANE FT. WALTON BEACH, FL 32547			Mailing Address 935 POCHAHONTAS LANE FT. WALTON BEACH, FL 32547		
2. Principal Place of Business <i>771 Apt #2 Rockport Ct.</i>		3. Mailing Address <i>P.O. Box 4493</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032006 REIN-LLC CR2E101 (11/05)	
City & State <i>FT. WALTON Bch, FL.</i>		City & State <del>Rockport</del>		4. FEI Number APPLIED FOR	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip <i>32549</i>		Country		Zip Country	
6. Name and Address of Current Registered Agent MITCHELL, ROBERT C 935 POCHAHONTAS LANE FT. WALTON BEACH, FL 32547			7. Name and Address of New Registered Agent		
			Name <i>Robert T. Mitchell</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>P.O. Box 771 Apt #2</i>		
			<i>Rockport Ct.</i>		
			City <i>FT. WALTON Bch</i>		
			FL		Zip Code <i>32548</i>
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 <i>Robert T. Mitchell</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, ROBERT C 935 POCHAHONTAS LANE FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mitchell, Robert T. 771 #2 Rockport Ct. FT. WALTON Bch, FL 32548</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>600065002886 02/01/06--01083--019 **100.00</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>REINSTATEMENT 05-06</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert T. Mitchell</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	