

2004 LIMITED LIABILITY COMPANY REINSTATEMENT *

FILED

04 OCT 25 PM 4:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # L03000056847					
1. Entity Name PARSONS DRYWALL LLC					
Principal Place of Business 6130 SW 39 STREET DAVIE, FL 33314 US			Mailing Address 6130 SW 39 STREET DAVIE, FL 33314 US		
2. Principal Place of Business <i>N/A</i>		3. Mailing Address <i>N/A</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARSONS, CLIFTON C 6130 SW 39 STREET DAVIE, FL 33314				Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Clifton C. Parsons</i>				DATE <i>10/20/04</i>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		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	MGR PARSONS, CLIFTON C 6130 SW 39 STREET DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemption stated in Section 119.07(3)(i), 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>Clifton C. Parsons</i>				DATE: <i>10/20/04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	



10202004 REIN-LLC CR2E101 (6/04) *10/25*

4. FEI Number *20-0538890* Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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10/25/04--01063--020 **55.00

* REINSTATEMENT 2004

w/o penalty fee

10/20/04 (954)258-6451