

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000057025

1. Limited Liability Company's Name

DDH DRYWALL, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

809 GIBSON ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

809 GIBSON ROAD

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

City & State

FORT WALTON BEACH, FL

Zip

32547

Country

US

Zip

32547

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/30/03

6. FEI Number

20-0540126

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

DAVID D HOLLAND

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

809 GIBSON ROAD

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32547

☒ 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

REGISTERED AGENT MUST SIGN

Date

3-28-08

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	DAVID D HOLLAND	809 GIBSON ROAD	FORT WALTON BEACH, FL 32547

500121792685
04/01/08--01021--008 **288.75

500121792685
04/18/08--01041--002 **127.50

REINSTATEMENT 2006-08

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

Date

3-28-08

Daytime Phone #

850-830-5620

Typed or printed name of signing Managing Member/Manager