

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:23

DOCUMENT #

1. Limited Liability Company's Name

L03000057376
BROTHERS MALAGON DRYWALL, LLC.

2. Principal Office Address

1205 FOUNTAINHEAD DR

Suite, Apt. #, etc.

3. Mailing Office Address

1205 FOUNTAINHEAD DR

Suite, Apt. #, etc.

City & State

DELTONA, FL

City & State

DELTONA, FL

Zip

32725

Country

BREVARD

Zip

32725

Country

BREVARD

600050094636
07/05--01017--008 **50.00

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 12/31/2003

6. FEI Number

59-9801544

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

MIGUEL MALAGON

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

Suite, Apt. #, Etc.

1205 FOUNTAINHEAD DR

City

DELTONA, FL

State

FL

Zip Code

32725

REINSTATEMENT 04-05

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

Miguel Amelagos

REGISTERED AGENT MUST SIGN

Date 03/25/2005

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
P	MIGUEL MALAGON	1205 FOUNTAINHEAD DR	DELTONA, FL 32725

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

Miguel Amelagos

Date

03/25/2005

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MIGUEL MALAGON

CR2E041 (10/02)

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March 25, 2005

To Whom It May Concern:

I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.

Miguel Amelagon
MIGUEL MALAGON-MGRM
