PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	-FLORIDA DEPARTMEN I OF STATE Secretary of State DIVISION OF CORPORATIONS	SEC TVC TOTAL SECOND SE
DOCUMENT # LO400000567 1. Limited Liability Company's Name		07 OCT 16 PH 3: 44
TOR DryWALL LLC		
2. Principal Office Address - No P O Box #	3. Mailing Office Address	CR2E041 (1/07)
629-89 Ave No. Suite, Apt. #, etc.	429-89 Ade No Suite Apt # etc	4. State Country of Formation FLORIDA / U.S.A. 5. Date Organized or Qualified
City & State	City & State	10 Do Business in Florida 01-/-01/-04
ST. Potersburg FL	57 Btersburg	6. FET Number Applied Fir
Zip Country		7. CERTIFICATE OF STATUS DESIRED X SSION Additional Resource (Corporatilization) Status
3702 PINOSIAS	33702 PINULAS	(c)/a/Ccriticate of Status
8. Name and Address of Current Registered Agent Name		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Street Acuress (F.O. Box Nur der is Not Acceptable)		in circumstances which the entity did not
029-89 HUE NO		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #. Etc.		not received and requesting the \$100 reinstatement be waived
ST. Refersburg	State Zip Code FL 3 3702	
Signature of Registered Agent Registered Registered Agent Registered Registe		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members Manag	Street Address of Eac ers Managing Member Man	ager City State Zip
Manager Timothy D. Rose 629-89 Ave No. 57 Roters burg 56 33702 300109958899 09/26/07-01033-011 **155.00		
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(6/5)		
11. I certify that I am managing memberimanager or the receiver or trustee empowered the execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated the mited 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 Typed or printed name of signing Managing Member Manager Timothy D. Rose Date 49/34/07 Daytime Psone (813) 323-6938 Typed or printed name of signing Managing Member Manager Timothy D. Rose		
Typed or printed name of signing Managing Member Manager Timothy D. Rose — WJ		