

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 NOV 15 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11152005 REIN-LLC CR2E101 (6/04)

<b>DOCUMENT # L04000000636</b> 1. Entity Name <b>PLASTERING BY CHARLES ERSKINE L.L.C.</b>					
Principal Place of Business <del>111 MISHA LANE, LOT 24</del> <del>TALLAHASSEE, FL 32304</del>		Mailing Address <del>111 MISHA LANE, LOT 24</del> <del>TALLAHASSEE, FL 32304</del>			
2. Principal Place of Business <b>116 Misha Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>116 Misha Ct</b> Suite, Apt. #, etc.			
City & State <b>Tall FL</b>		City & State <b>Tall FL</b>			
Zip <b>32304</b>		Country <b>Leon</b>		4. FFI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ERSKINE, CHARLES</b> <b>111 MISHA LANE, LOT 24</b> <b>TALLAHASSEE, FL 32304</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>116 Misha Ct</b> City <b>FL</b> 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 <u><i>Charles Erskine</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$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 <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ERSKINE, CHARLES</b> <b>111 MISHA LANE, LOT 24</b> <b>TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Charles Erskine</b> <b>116 Misha Ct</b> <b>Tall FL 32304</b> <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	<b>400061486764</b> <b>11/16/05--01050--024 **50.00</b> <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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <i>OS</i> <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	
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.					
<b>SIGNATURE:</b> <u><i>Charles Erskine</i></u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	