

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000001083

1. Entity Name
CHRISTOPHER DICKEY PLASTER & DRYWALL L.L.C.



FILED
07 JUN 12 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O CHRISTOPHER DICKEY
3456 STONELER ROAD
TALLAHASSEE, FL 32303

Mailing Address
C/O CHRISTOPHER DICKEY
3456 STONELER ROAD
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #
6093 STONELER RD

3. Mailing Address
6093 STONELER RD

Suite, Apt. #, etc.

City & State
TALL FL

City & State
TALL FL

Zip
32303

Country
LEON

Zip
32303

Country
LEON

6. Name and Address of Current Registered Agent
DICKEY, CHRITOPHER
3456 STONELER ROAD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
Name
CHRISTOPHER DICKEY
Street Address (P.O. Box Number is Not Acceptable)
6093 STONELER RD
City
TALL FL Zip
32303

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 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	MGRM DICKEY, CHRISTOPHER J 3456 STONELER ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6093 STONELER RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TALL FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTHON, CALVIN J 315 POND PINE ST TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600104304986 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/13/07--01015--001 **100.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input checked="" 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 exemptions contained in Chapter 119, 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 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE