


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 JAN 31 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


<b>DOCUMENT # L04000002857</b> 1. Entity Name <b>MATT BAGGS DRYWALL LLC</b>	
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Principal Place of Business 27 SOMMER RD. CRAWFORDVILLE, FL 32327	Mailing Address 27 SOMMER RD. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01312006 REIN-LLC CR2E101 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

COOK, LAWRENCE W  
 35 FIVE ANCHORS DR.  
 CRAWFORDVILLE, FL 32327

**7. Name and Address of New Registered Agent**

Name <b>MATTHEW S BAGGS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>53 CROATAN</b>	
City <b>CRAWFORDVILLE</b>	FL Zip Code <b>32327</b>

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 Matthew S. Baggs DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$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 Florida Department of State
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM <input type="checkbox"/> Delete
NAME	BAGGS, MATT
STREET ADDRESS	27 SOMMER RD.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	MGRM <input checked="" type="checkbox"/> Delete
NAME	COOK, LAWRENCE W
STREET ADDRESS	27 SOMMER RD.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John McMahan
STREET ADDRESS	52 McMahan Dr
CITY-ST-ZIP	Crawfordville FL. 32327
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500064869525
STREET ADDRESS	01/31/06--01010--007 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SECRETARY OF STATE</del>
STREET ADDRESS	<del>STATE STREET</del>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[Signature]
STREET ADDRESS	
CITY-ST-ZIP	

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: Matthew S. Baggs Date: 01-31-06 Daytime Phone #: 597-1305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE