

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR 25 PM 1:52

<b>DOCUMENT # L04000004840</b> 1. Entity Name <b>CHE' CURLEE DRYWALL LLC</b>					
Principal Place of Business <b>85 HAVENS WAY CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>85 HAVENS WAY CRAWFORDVILLE, FL 32327</b>		
2. Principal Place of Business, No P.O. Box # <b>24 B Oldcounthouse Way</b> Suite, Apt., #, etc. <b>Crawfordville, FL</b> City & State		3. Mailing Address <b>24 B Oldcounthouse Way</b> Suite, Apt., #, etc. <b>Crawfordville, FL</b> City & State			
Zip <b>32327</b> Country <b>USA</b>		Zip <b>32327</b> Country <b>USA</b>		04252007 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>52-2438167</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CURLEE, CHE' 85 HAVENS WAY CRAWFORDVILLE, FL 32327</b>	
7. Name and Address of New Registered Agent Name <b>Che' Curlee</b> Street Address (P.O. Box Number is Not Acceptable) <b>24 B Oldcounthouse Way</b> <b>Crawfordville, FL</b> City <b>FL</b> 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  DATE <b>4-25-07</b> <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 \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURLEE, CHE' 85 HAVENS WAY CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Che' Curlee 24 B Oldcounthouse Way Crawfordville, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Donald Curlee 95 Choctaw Rd Crawfordville, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Donald Curlee 95 Choctaw Rd Crawfordville, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400098562424 04/25/07--01013--011 **100.00		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04/07	
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:			4/25/07 933-1425		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		