

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000011342

FILED
Sep 20, 2005
Secretary of State

Entity Name: ADVANCED DRYWALL SPECIALITIES LLC

Current Principal Place of Business:

5303 CHARLES LANE
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

5303 CHARLES LANE
LAKELAND, FL 33811

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, TODD C
5303 CHARLES LANE
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

DETRICK, JOHN
5303 CHARLES LANE
LAKELAND, FL 33811 US

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.

SIGNATURE: JOHN DETRICK

09/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, TODD C
Address: 5303 CHARLES LANE
City-St-Zip: LAKELAND, FL 33811

Title: MGRM (X) Delete
Name: DETRICK, JOHN U
Address: 5303 CHARLES LANE
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DETRICK, JOHN U
Address: 5303 CHARLES LANE
City-St-Zip: LAKELAND, FL 33811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN DETRICK

MGR

09/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date