

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:51

DOCUMENT # L04000013237

1. Limited Liability Company's Name

ROGER BUTLER DRY WALL LLC

2. Principal Office Address

826 SHADOW LANE  
FT WALTON BEACH, FL 32547  
Suite, Apt. #, etc.

3. Mailing Office Address

SAHE  
Suite, Apt. #, etc.

City & State

FT WALTON BEACH, FLA

City & State

SAHE

Zip

32547

Country

USA

Zip

SAHE

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

2/18/04

6. FEI Number

54-2138139

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROGER BUTLER

700076304557

06/19/06--01005--020 \*\*100.00

Street Address (P.O. Box Number is Not Acceptable)

826 SHADOW LANE

Suite, Apt. #, Etc.

FT WALTON BEACH

City

FT WALTON BEACH

State

FL

Zip Code

32547

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Roger Butler*  
REGISTERED AGENT MUST SIGN

Date

6/1/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROGER BUTLER	826 SHADOW LANE	FT WALTON BEACH, FL 32547

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Roger Butler*

Date

6/1/06

Daytime Phone #

ACCOUNTANT (CPA)

850 862-1040

Typed or printed name of signing Managing Member/Manager

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Corporate Records  
P O Box 6327  
Tallahassee, FL 32314

To Whomever It May Concern:

Request for Reinstatement

ROGER BUTLER DRY WALL LLC  
L04000013237

I have not received any notice to pay any fees to my knowledge. I understood that I had paid everything when I filed for my LLC.

My accountant informs me that I should have paid an annual fee of \$ 50 yearly as well.

I enclose \$100 for two delinquent years. Please rescind any penalties and restore my LLC status.

For any further information please call my accountant: PAUL J ROBERTO  
713 Eglin Parkway  
Ft Walton Beach FL 32547  
850 862 1040

and mail the necessary certificate or other documents I need to verify compliance.

Thank you

*Roger Butler*  
x ROGER BUTLER

826 SHADOW LANE  
FT. WALTON BEACH, FL  
32547