


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L04000013450                 |  |
| 1. Entity Name<br>COMPLETE DRYWALL, LLC |   |

FILED  
07 OCT 17 PM 3: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |
|---|---|
| Principal Place of Business<br>3140 CORK RD<br>PLANT CITY, FL 33565 | Mailing Address<br>3140 CORK RD<br>PLANT CITY, FL 33565 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

10042007 REIN-LLC CR2E101 (1/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0608831 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>BICHARD, KELLY<br>AFFORDABLE BKKPGN & TAXES<br>15812 GOLDING LOOP<br>WIMAUMA, FL 33598 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>15812 Golding Loop<br>City<br>FL Zip Code |
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| 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 <u>Kelly M Bichard</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  | DATE <u>October 4 2007</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$50.00<br>After January 1, 2008, Fee will be \$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<br>Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RANGEL, HECTOR<br>3140 CORK RD<br>PLANT CITY, FL 33565 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Allan Hyde<br>9135 Carey Road<br>Lithia FL 33547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HYDE, JAIME<br>3140 CORK RD<br>PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | James Randall Hyde, MGRM<br>9135 Carey Road<br>Lithia FL 33547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TAYLOR, JANICE<br>3140 CORK RD<br>PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Jessie Gonzalez, MGRM<br>3140 Cork Road<br>Lithia FL 33547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 200110801402<br>10/16/07--01043--008 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

REINSTATEMENT

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| 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: <u>Nector Rangel</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  | Date <u>10/16/07</u> (803) 255-4868<br><small>Daytime Phone #</small> |