2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000014831

Entity Name
MARK SWANSON DRYWALL CONSTRUCTION, LLC

FILED
2007 NOV 27 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1285 MARTY BL~~	~~1285 MARTY BL~~
~~ALTAMONTE SPRINGS, FL 32714~~	ALTAMONTE SPRINGS, FL 32714

10182007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18823 Seaview ST	18823 Seaview ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32833 Country: Orange	Zip: 32833 Country: Orange

4. FEI Number: 20-0734803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANSON, EDITH S
1285 MARTY BL
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name: Mark Swanson
Street Address (P.O. Box Number is Not Acceptable): 18823 Seaview ST
City: Orlando FL Zip Code: 32833

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: Mark A. Swanson Mark A Swanson (Member) 11-23-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
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 Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	700112599607	☐ Change ☐ Addition
NAME	SWANSON, MARK ALAN		NAME	11/27/07--01022--006 **55.00	
STREET ADDRESS	1285 MARTY BL		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	~~MGRM~~	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	~~SWANSON, EDITH S~~		NAME		
STREET ADDRESS	~~1285 MARTY BL~~		STREET ADDRESS		
CITY-ST-ZIP	~~ALTAMONTE SPRINGS, FL 32714~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	REINSTATEMENT	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Mark A. Swanson A Swanson (Member) 11-23-07 (407) 407-592-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone