PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE READ	ALL INS	INUCI	IONS DE	FORE	OWFLET	IIIO LEIIO LC	ALZINI.	
COMPANY			DEPARTMENT OF STATE Secretary of State Ision of Corporations			FILED 13 OCT 30 PM 6: 50			
DOCUMENT # 1. Limited Liability Company's Name L04000015122 JG DRYWALL, LLC						SECRETARY OF STATE FALUAHASSEE, FLORIDA			
1415 GROVE PARK DR PO BO Suite, Apt. #, etc. Suite, Apt. #. City & State City & State						CR2E041 (1/11) 4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number Applied For			
ORANGE PARK, FL		ORANGE PA				20-077724			Not Applicable
^{Zip} 32073	USA	32067		Country USA		7. CERTIFICATI	E OF STATUS DESIRED		tional Fee required
8. Name and Address of Current Registered Agent Name JOHN A GALLUPS Street Address (P.O. Box Number is Not Acceptable) 1415 GROVE PARK DR Suite, Apt. #, Etc. City ORANGE PARK State Zip Code FL 32073						E-mail Address: 700253376537 10/30/1301031002 **238.75 JOHNGALLUPS@YAHOO.COM (To be used for future annual report notices)			
Signature of Registered Age	77 F	Mal REGISTERED A	LUD GENT MUST	mpany, am fai	miliar with and a	accept the obliga	ntions of Chapter 608, f	rs. 28/1=	₹
10. Names and Stree	et Addresses of Managing Me.	mbers/Manager	s	Change A.					
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/ Manager			City / State / Zip		
MGR JO	JOHN A GALLUPS			1415 GROVE PARK DR			ORANGE PARK, FL 32073		
MMR M	R MICHAEL DIEHL			4335 OSCEOLA TRAI			ORANGE PARK, FL 32068		
							OCT 3 1 2013		
	REINSTAT			TEMENT ZOY			L. SELLERS		
				<u> </u>					

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing An A Hallus Date 10/80/13 Daytime Phone (94) 087-7705

Typed or printed name of signing Managing Member/Manager