

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB 24 PM 2:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000029410**

1. Limited Liability Company's Name

Bobby Wiggins Drywall LLC.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

4798 Breezy LN.

Suite, Apt. #, etc.

City & State

Pace FL

Zip

32571

Country

USA

3. Mailing Office Address

4798 Breezy LN.

Suite, Apt. #, etc.

City & State

Pace FL

Zip

32571

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

4/16/2004

6. FEI Number

76-0762359

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

Wiggins, Bobby MGRM

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

4798 Breezy LN.

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Bobby Wiggins

Date **2/18/09**

REGISTERED AGENT MUST SIGN

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
MGRM	Bobby Wiggins	4798 Breezy LN.	Pace FL 32571
MEMB	Chad Faircloth	6427 JULIA DR.	MILTON FL 32570
MEMB	Shea Kenworthy	6427 JULIA DR.	MILTON FL 32570
<p>600144173766 02/23/09--01010--023 **516.25</p>			
<p>REINSTATEMENT 07-09</p>			

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

Bobby Wiggins

Date **2/18/09**

Daytime Phone# **850-994-5337**

Typed or printed name of signing Managing Member/Manager

Bobby Wiggins

N. O'Connell FEB 25 2009