

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000045934

1. Limited Liability Company's Name

Mason Cummings Drywall LLC

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

P.O. Box 513

Suite, Apt. #, etc.

3. Mailing Office Address

1763 Virginia Street

Suite, Apt. #, etc.

City & State

Alford, Florida

City & State

Alford, Florida

Zip

32420

Country

United States

Zip

32420

Country

United States

8. Name and Address of Current Registered Agent

Name

Mason Cummings

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

712 Colemo Place Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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

Mason Cummings

REGISTERED AGENT MUST SIGN

Date 07/27/2007

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	Mason Cummings	712 Colemo Place Drive	Pensacola, Florida 32526

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

Mason Cummings

Date 07/27/07

Daytime Phone # 850-272-0996

Typed or printed name of signing Managing Member/Manager

Mason Cummings

FILED

2007 AUG -8 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/21/07--01026--010 **255.00

CR2E041 (1/07)

4. State/Country of Formation

United States

5. Date Organized or Qualified

To Do Business in Florida

06/18/2004

6. FEI Number

none

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

[Handwritten signature]