LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

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DOCUME						
1. Limited Liability	y Company's Name					
C.L. DRYWA	LL, LLC					
2. Principal Office Address - No P.O. Box#		Mailing Office Ad	dress		CR2E041 (1/14)	
12920 TOM GALLAGHER RD				4. State/Country	State/Country of Formation	
Suite, Apt #, etc.		Suite, Apt. #, etc.		Florida / Ú		
				5. Date Organize		
City & State	,	City & State		To Do Business	sin Florida U7/U7/2004	
Dover		Florida		6. FEI Number		
Zip	Country	Žip	Country	20-133082		
33527	USA		,	7. CERTIFICATE OF STA	S5.00 Additional Fee required for a certificate of status	
Name of the last o	8. Name and Addre	ess of Current Registered	l Agent			
Name CARLO LAUI	RIA					
	D. Box Number is Not Acceptable) S	iuite				
	GALLAGHER RD					
Apt. #, Etc.				_ 2	00285365042 3/1601037015 **516.25	
				05/0	03/16010 3 7015 **516.25	
City			State Zip Code			
D			 			
9. I, being appo	conted the registered agent of the	abous named limitesyliability	FL 33527 y company am familiar with an		6 Chapter 605, F.S. Date 4:28-2016	
9. I, being apport Signature of Registered Agent	Carl (AUUA REGISTERED AGENT MUS	y company am familiar with an			
9. I, being apport Signature of Registered Agent	and Carlo Citreet Addresses of Authorized Rep	AUUA REGISTERED AGENT MUS	y company am familiar with an		Date 4.28-2016	
9. I, being apport Signature of Registered Agent	Carl (REGISTERED AGENT MUS	y company am familiar with an	Each (Date 428-2016	
9. I, being apportunity of Registered Agent 10. Names and S	street Addresses of Authorized Rep Name of Authorized Representativ	REGISTERED AGENT MUS presentatives/Managers	y company am familiar with an T SIGN Street Address of E Authonzed Represei	each	© Date 4:28-2016	
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9. I, being apper Signature of Registered Agent 10. Names and S Titles MGRM	street Addresses of Authorized Rep Name of Authorized Representativ Managers CARLO LAUR!	REGISTERED AGENT MUS presentatives/Managers yes/	T SIGN Street Address of E Authorized Represe Manager 12920 TOM GALLA	GHER RD	Dover, Florida 33527	
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9. I, being apper Signature of Registered Agent 10. Names and S Titles MGRM 11. E- mail Addre 12. I certify that when 605.0012, F.S., shall have the serial layer the serial shall have the serial state.	Name of Authorized Representative Managers CARLO LAURI Sss: CFCourtDocs@yah am an authorized representative filing this reinstatement application that all fees owed by the im	REGISTERED AGENT MUS presentatives/Managers /es/ IA OO.COM (Tobe ion the reason for dissoluti ifed liability company have	Street Address of E Authorized Represet Manager 12920 TOM GALLA MAY Lucad for future annual report notice or trustee empowered to exe on has been eliminated, the I been paid. The information is enformation submitted in a	GHER RD 1 1 2016 SULKTS ications) counte this application as principle of the company of the counter of the counter of the Department to the Department of the Department o	Dover, Florida 33527 Dover, Florida 33527	
9. I, being apper Signature of Registered Agent 10. Names and S Titles MGRM 11. E- mail Addre 12. I certify that when 605,0012, F.S., shall have the sfelow as provide Signature of autr.	street Addresses of Authorized Representative Managers CARLO LAUR! ss: CFCourtDocs@yah am an authorized representative filing this reinstatement application and that all fees owed by the lim ame legal effect as if made unde	REGISTERED AGENT MUS presentatives/Managers res/ IA OO.COM (Tobo e/ manager or the receiver ion the reason for dissoluti ited liability company have r oath I am aware that fals	Street Address of E Authorized Represet Manager 12920 TOM GALLA MAY Lucad for future annual report notice or trustee empowered to exe on has been eliminated, the I been paid. The information is enformation submitted in a	GHER RD 1 1 2016 SULKTS ications) counte this application as principle of the company of the counter of the counter of the Department to the Department of the Department o	Dover, Florida 33527	