

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO4000051113

1. Limited Liability Company's Name

William McKay Drywall LLC

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

5621 Dwan Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Zip

32404

Country

USA

Zip

32404

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-1341646

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

William McKay

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

5621 Dwan Lane

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

☒ 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

William McKay LLC

Date

12/12/08

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
MEMR	<u>William McKay</u>	<u>5621 Dwan Lane</u>	<u>Panama City, FL 32404</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.

Signature of  
Managing Member/Manager

William McKay

Date

12/12/08

Daytime Phone

(850) 774-5721

Typed or printed name of signing Managing Member/Manager

William McKay LLC

FILED

2008 DEC 16 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

800139070118  
12/15/08--01031--004 \*\*277.50