

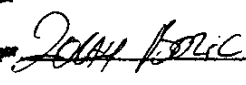


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 MAY -2 PM 4:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000033539 1. Limited Liability Company's Name ZORANS DRYWALL LLC			
2. Principal Office Address - No P.O. Box # 2482 Berkshire Drive <small>City, Apt. #, etc.</small>		3. Mailing Office Address 2482 Berkshire Drive <small>City, Apt. #, etc.</small>	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32248	Country USA	Zip 32248	Country USA
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida - 04/08/2005	
6. EIN Number 593803622		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRE <input type="checkbox"/>		<input type="checkbox"/> 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.	
8. Name and Address of Current Registered Agent			
Name Florida Filing & Search Services, INC.			
Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Dr			
<small>City, Apt. #, Etc.</small> Suite A			
City Tallahassee	State FL	Zip Code 32301	
9. I, being appointed the registered agent of the above named limited liability company, do hereby will and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date 4-23-08	
10. Names and Street Addresses of Existing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bozic Zoran	2482 Berkshire Drive	Jacksonville FL 32248
11. I certify that I am organizing, reorganizing or the member or partner organized to submit this application as provided for in Chapter 605, F.S. I further certify that when filing this application the amount for classification has been distributed, the limited liability company complies with the requirements of section 605.050, F.S., and that all fees owed by the limited liability company have been paid. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Existing Member/Manager 		Date 04-23-08	Telephone # 904-237-0507
Typed or printed name of existing Member/Manager ZORAN BOZIC			

CR23041 (12/07)

100126983781
04/30/08-01005--012 **516.25

REINSTATEMENT 06, 08