

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000047011

Entity Name: DR DRYWALL, LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

315F GREEN ACRES ROAD
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

800 LARK STREET #4
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

315F GREEN ACRES ROAD
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

800 LARK STREET #4
FORT WALTON BEACH, FL 32547 US

FEI Number: 20-2822565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAULERSON, DAREN
315F GREEN ACRES ROAD
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

RAULERSON, DAREN
800 LARK STREET #4
FORT WALTON BEACH, FL 32547 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAREN RAULERSON

05/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: RAULERSON, DAREN
Address: 315F GREEN ACRES ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: RAULERSON, DAREN
Address: 800 LARK STREET #4
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAREN RAULERSON

MGMR

05/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date