PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY	FLORIDA DEPARTMENT OF STATE Secretary of State	FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	2007 NOY 14 PM 2: 55
DOCUMENT # 1. Limited Liability Company's Name 5000 7487		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Larry & Braswell Drywall 1.LC		300112174753 11/09/0701039021 **205.00
	1.0	CR2E041 (1/07)
2. Principal Office Address - No P.O. Box #  101 Britton St	3. Mailing Office Address  101 Beitton St.	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Flocida 4,5
		5. Date Organized or Qualified To Do Business in Florida  5. / 2 0 5 - 1
City & State	City & State	6. FEI Number Applied For
Sabson Park +1, Zip Country	Zip Country	
33827 4.5	33827 U.S	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
	f Current Registered Agent	
Name LARRY E Br	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable	receive the prior notices. By checking this	
Suite, Apt. #, Etc.	box, you are certifying the prior notices were not received and requesting the \$100	
City	/ State Zip Code	reinstatement be waived.
Babson Par	FL 33827	
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 Date 11-5-07		
10. Names and Street Addresses of Managing Mer		
Titles Name of Managing Members/Managing Members/	Street Address of Each	
MgRM Larry B	CASUEL 101 BCITTO	n 5t. Babson Park Fl, 33827
		Ls
	PEING	STATEMENT (Yo-1)7
	TATALY.	SIAI LIVIEN I WOUT
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 filling 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 Manager Sussible Date 11-5-07 Daytime Phone # 863-712-1209  Typed or printed name of signing Managing Member/Manager Larry Bras-Well		
Typed or printed name of signing Managing Member/Manager		