

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069712

1. Limited Liability Company's Name

**Complete Drywall Concepts, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>9135 Carey Road</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lithia, Florida</b>		City & State	
Zip <b>33547</b>	Country <b>USA</b>	Zip	Country

4. State/Country of Formation <b>Hillsborough</b>	
5. Date Organized or Qualified To Do Business in Florida <b>07-15-2005</b>	
6. FEI Number <b>20-0608831</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <b>Kelly Richard</b> (813) 634-8429		
Street Address (P.O. Box Number is Not Acceptable) <b>15812 Colding Loop</b>		
Suite, Apt. #, Etc.		
City <b>Wimauma</b>	State <b>FL</b>	Zip Code <b>33598</b>

☒ 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

*Kelly M. Richard*

REGISTERED AGENT MUST SIGN

Date **09-15-07**

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
MGMR	Allan Hyde	9135 Carey Road	Lithia, FL 33547
MGMR	James Randall Hyde	9135 Carey Road	Lithia, FL 33547
MGMR	Jessie Gonzalez	3140 Cork Road	Plant City, FL 33565

REINSTATEMENT

601

700110904077  
10/17/07-01040-001 \*\*50.00  
11/08/07-01040-017 \*\*150.00

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

**ALLAN HYDE**

Date

**10-05-07**

Daytime Phone #

**(813) 255-6744**

Typed or printed name of signing Managing Member/Manager

*Allan Hyde*