

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000072871

1. Entity Name  
DREW REAL ESTATE AND MAINTENANCE SERVICES  
LLC



Principal Place of Business  
1744 SHADY LEAF DR  
VALRICO, FL 33594

Mailing Address  
1744 SHADY LEAF DR  
VALRICO, FL 33594

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212007

REIN-LLC

CR2E101 (1/07)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DREW, LISA A  
1744 SHADY LEAF DR  
VALRICO, FL 33594

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

5/22/07

DATE

**FILE NOW!!! FEE IS \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME DREW, LISA A  
STREET ADDRESS 1744 SHADY LEAF DR  
CITY-ST-ZIP VALRICO, FL 33594

TITLE ☐ Change ☐ Addition  
NAME 600108702896  
STREET ADDRESS 08/28/07--01026--011  
CITY-ST-ZIP \*\*100.00

TITLE MGR ☐ Delete  
NAME DREW, MICHAEL D  
STREET ADDRESS 1744 SHADY LEAF DR  
CITY-ST-ZIP VALRICO, FL 33594

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Signature]*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

Date

5/22/07

Daytime Phone #

BLT

06-07

STATEMENT

*[Signature]*

600108702896  
08/28/07--01026--011 \*\*100.00