PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT DOCUMENT # LOS 0000 8 11 4 8 1. Limited Liability Company's Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA 07 AUG 20 AM 9: 20
James Ford Plastering LLC 2. Principal Office Address - No P.O. Box # 840 L. berty St Suite, Apt. #, etc. City & State Tallahassee Zip 22210 Country Zip Country Country Country	CR2E041 (1/07) 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.09 Additional Fee required
8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Tallahassee State Zip Code FL 323/D 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a	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.
Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip	
marm homes tord 840 Liberty ST. Jallahasser 1-1 marm Theartis Johnson 1825 HartsField Rd Jailahasser FL 32310 32303	
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 Date Daytime Phone # Typed or printed name of signing Managing Member/Manager	