

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 AM 7:20

DOCUMENT # L05000089253

1. Limited Liability Company's Name

T & C DRYWALL, LLC

CR2E041 (1/07)

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # 4513 PIPELINE RD., | | 3. Mailing Office Address 4513 PIPELINE RD., | |
| Suite, Apt. #, etc. LOT 14 | | Suite, Apt. #, etc. LOT 14 | |
| City & State PANAMA CITY, FL | | City & State PANAMA CITY, FL | |
| Zip 32404 | Country BAY | Zip 32404 | Country BAY |

| | |
|--|--|
| 4. State/Country of Formation FLORIDA | |
| 5. Date Organized or Qualified To Do Business in Florida 09/09/2005 | |
| 6. FEI Number 16-1731859 | 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 TIMOTHY W. WILLIAMS | |
| Street Address (P.O. Box Number is Not Acceptable) 4513 PIPELINE RD., | |
| Suite, Apt. #, Etc. LOT 14 | |
| City PANAMA CITY, | State FL |
| Zip Code 32404 | |

☒ 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

Tim Williams

Date **11/06/2007**

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|-----------------------|
| MGRM | TIMOTHY W. WILLIAMS | 4513 PIPELINE RD., LOT 14 | PANAMA CITY, FL 32404 |
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10/23/07-01040-008-\$100.00

REINSTATEMENT 2006-07

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

Tim Williams

Date **11/06/2007**

Daytime Phone # **850-381-4174**

Typed or printed name of signing Managing Member/Manager