

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 17 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~405000001738~~ **LD-97138**

1. Limited Liability Company's Name

RONAL DRYWALL LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 520 N BELAMY DR		3. Mailing Office Address 520 N BELAMY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State QUINCY, FL		City & State QUINCY, FL	
Zip 32351	Country	Zip 32351	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-3658118	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
RONAL VASQUEZ

Street Address (P.O. Box Number is Not Acceptable)
520 N BELAMY DR

Suite, Apt. #, Etc.

City
QUINCY,

State
FL

Zip Code
32351

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.

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12-18-07 01022-008 **100.00

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 *Ronal Vasquez* Date *12-17-07*

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	RONAL VASQUEZ	520 N BELAMY DR	QUINCY, FL 32351
MGRM	MIGUEL TORRES	P.O. BOX 38	GRETNA, FL 32332
MGRM	ISABEL VASQUEZ	520 N BELAMY DR	QUINCY, FL 32351

REINSTATEMENT *06-07*
(A) 12/17

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. 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 *Ronal Vasquez* Date *12-17-07* Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____