


## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000098593</b> 1. Entity Name EAST VOLUSIA PLASTER AND DRYWALL, LLC	
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FILED

06 DEC 28 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 340 PIERCE AVE. DAYTONA BEACH, FL 32114	Mailing Address 340 PIERCE AVE. DAYTONA BEACH, FL 32114
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2. Principal Place of Business 826 N. Seagrave St. Suite, Apt. #, etc.	3. Mailing Address 826 N. Seagrave St. Suite, Apt. #, etc.
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12222006 REIN-LLC CR2E101 (11/05)

City & State Daytona Beach, FL	City & State Daytona Beach, FL		
Zip 32114	Country USA	Zip 32114	Country USA

4. FEI Number 20-3584089	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  SHIRLEY, OKHOVATIAN A CPA 926 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
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7. Name and Address of New Registered Agent Name Jeffrey C. Sweet Street Address (P.O. Box Number is Not Acceptable) 595 W. Granada Blvd. Suite A City Ormond Beach FL Zip Code 32174
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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:  DATE: 12/27/06

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete GLENN, COLSON M 826 NORTH SEGRAVE STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete DARRYL, IDLE E 2170 NOTTINGHAM ROAD SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete DAVID, HOSKINS W 2117 UMBRELLA TREE DRIVE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082954415 01/03/07--01028--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2006

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:  DATE: 12/27/06 386-677-3431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Jeffrey C. Sweet, Registered Agent