

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 FEB -6 AM 9:55

DOCUMENT # **L05000109363**

1. Limited Liability Company's Name

J H Drywall LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

2117 Bonnevill Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2117 Bonnevill Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32826

Country

U.S.

City & State

Orlando FL

Zip

32826

Country

U.S.

4. State Country of Formation

FL Orange

5. Date Organized or Qualified
To Do Business in Florida

11/09/05

6. FE Number

20-8075782

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jesus H Rodriguez

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

2117 Bonnevill Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32826

☒ 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

Jesus H Rodriguez
REGISTERED AGENT MUST SIGN

Date **2/2/07**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of each Managing Member/Manager	City, State, Zip
Mr	Jesus H. Rodriguez	2117 Bonnevill Dr	Orlando FL 32826

300087731343
02/09/07--01037--010 **105.00

REINSTATEMENT 06-07

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

Jesus H Rodriguez

Date

2/2/07

Daytime Phone #

407 9520274

Typed or printed name of signing Managing Member/Manager