


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OCT 26 AM 10:26

<b>DOCUMENT # L05000122868</b>			
1. Entity Name <b>ALEJANDRO'S DRYWALL LLC</b>			
Principal Place of Business 715 29TH STREET NW WINTER HAVEN, FL 33881		Mailing Address 715 29TH STREET NW WINTER HAVEN, FL 33881	
2. Principal Place of Business <i>1823 W Daughtery Rd</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lakeland FL</i>		City & State	
Zip <i>33810</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORQUECHO, ALEJANDRO 715 29TH STREET NW WINTER HAVEN, FL 33881		Name <i>Ernesto Castro</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1823 W. Daughtery Rd</i>	
		City <i>Lakeland</i>	FL Zip Code <i>33810</i>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORQUECHO, ALEJANDRO 715 29TH STREET NW WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr <i>Castillo, Alejandro</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 715 29th St. NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESQUIVEL, ERNESTO 715 29TH STREET NW WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm <i>Castillo, Daniel</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 715 29th St. NW Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTILLO, JORGE 715 29TH STREET NW WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000812547 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/29/06 01040-001 ++\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 2006</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>ALEJANDRO</i>		Date: <i>10-23-06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	