2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE? Wardo 60 La ET SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

	REINSTA	TEMENT			_				
DOCUMENT # L06000060962									
1. Entity Name TORO DRYWALL, LLC									
TORODE	RYVVALL, LLC								
-					1				
Principal Place of Business		Mailing Address							
187 ROYAL OAK DR. PALM COAST, FL 32164		87 ROYAL OAK DR. Palm Coast, Fl 32164							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	<u> </u>						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		10062008	REIN-LLC	CR2E	101 (1/07)		
City & State		City & State		4. FEI Numb				plied For Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add	
!	6. Name and Address of Current	Registered Agent	1		7. Name and	1 Address of New			
A 1A REGISTERED AGENT IN C.				Name AR	MANDO	GOME	Z		- -
	TH AVE. NORTH					er is Not Acceptab	le)		
-ROYAL-PA	ALM BEACH; FL 33411-0000			871	0,241	OAK ?	n.		
I				City D			FL	Zip Cod	e
8 The above	e named entity submits this statement to	r the purpose of changing its	register	ed office or registe	<u>ومن</u> red agent, or b				and accept
	tions of registered agent.	0	-	00 gas b. 10 g .010	too agam, or o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TOTAL TANK	and docop.
SIGNATURE/	Signature, typed or printed name of registered agent a	60 m 62		ed Agent signature requi	and uthers and actually		DATE		
	Signature, typed or printed raine or registered agent	and the it applicable. (NOT	E, Register	ed Agent signatore redui	reg wien remanding	,	DATE		
	LE NOW!!! FEE IS \$138.75 lary:1,:2009, Fee will be \$277.50	In accordance with liability company did	s. 607.1 d not red	93(2)(b), F.S., the beive the prior no	ne limited otice.	l.	ke check p la Departm	eayable to ent of State	Ð
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES	<u> </u>	
TITLE NAME	MGRM GOMEZ, ARMANDO	☐ Delete	TITL NAM		Oc	101969	101	☐ Change • ☐ □	Addition
STREET ADDRESS	87 ROYAL OAK DR.			EET ADDRESS	10/14	/R1369 /80048-	-006 ×)
CITY-ST-ZIP	PALM COAST, FL 32164		CITY	-ST-ZIP	<u>. </u>				
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CITY-ST-ZIP			СПҮ	-ST-ZIP					
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT certify that the information supplied with the on this report is true and accurate and	Delete Delete	TITL NAM STRI CITY TITL NAM STRIC CITY TOTTHE EXE	Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP mptions contained	in Chapter 11S	FLORIDA Florida Statutes.	further certif	Change	☐ Addition

Daytime Phone #