

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FULL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 11 AM 10:08

DOCUMENT # L 06000070481

1. Limited Liability Company's Name

VJ DRYWALL LLC

CR2E041 (12/07)

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

2225 E. 131 ST

Suite, Apt. #, etc.

1407

City & State

TAMPA, FLORIDA

Zip

33612

Country

USA

3. Mailing Office Address

2225 E. 131 ST

Suite, Apt. #, etc.

1407

City & State

TAMPA, FLORIDA

Zip

33612

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

07/14/2006

6. FEI Number

☒ 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

LUIS V. JIMENEZ

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

2225 E. 131 ST

Suite, Apt. #, Etc.

1407

City

TAMPA

State

FL

Zip Code

33612

☒ 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

Luis V Jimenez

REGISTERED AGENT MUST SIGN

REINSTATEMENT
Date: 01/23/2008
WDP 01-08
LLO

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	LUIS V. JIMENEZ	2225 E. 131 ST APT 1407	TAMPA, FL 33612
MGR	CARLOS A. HERNANDEZ	2225 E. 131 ST APT 1407	TAMPA, FL 33612

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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

Luis V Jimenez

Date

01/23/2008

Daytime Phone #

(813) 918-7055

Typed or printed name of signing Managing Member/Manager