

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2009 APR -1 PM 3: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800143030208  
04/13/09--01005--013 \*\*138.75  
CR2E041 (10/08)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000086667

1. Limited Liability Company's Name  
**BENITEZ DRYWALL LLC**

2. Principal Office Address - No P.O. Box # 12659 Plummer Grant Road		3. Mailing Office Address 12659 Plummer Grant Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville Florida		City & State Jacksonville Florida	
Zip 32258-2167	Country USA	Zip 32258-2167	Country USA

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida **09-01-2006**

6. FEI Number **20-5481713**  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  
**SILMA DE LEON**

Street Address (P.O. Box Number is Not Acceptable)  
**12659 PLUMMER GRANT ROAD**

Suite, Apt. #, Etc.

City  
**JACKSONVILLE**

State  
**FL**

Zip Code  
**32258**

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 *Silma de Leon* Date 01/30/2009  
REGISTERED AGENT MUST SIGN

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	SILMA DE LEON	12659 PLUMMER GRANT RD.	JACKSONVILLE, FL 32258
MGRM	JUAN C BENITEZ	12659 PLUMMER GRANT RD.	JACKSONVILLE, FL 32258

**REINSTATEMENT** -07-08-09

800143030208  
02/08/09--01044--002 \*\*377.50

*C.L.*

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 Juan Carlos Benitez Date 01/30/2009 Daytime Phone # 813-786-2241

Typed or printed name of signing Managing Member/Manager JUAN C. BENITEZ