

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

Suite, Apt. #, etc.

City & State  
Jacksonville Florida

Zip  
32258-2167

Country  
USA

3. Mailing Office Address  
12659 Plummer Grant Road

Suite, Apt. #, etc.

City & State  
Jacksonville Florida

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*

REGISTERED AGENT MUST SIGN

Date 01/30/2009

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

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

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