

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000045209

1. Entity Name
JOSEPH T GERARD DRYWALL, LLC



FILED

08 NOV -4 AM 8: 38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3043 DAWKINS STREET
VERNON, FL 32462

Mailing Address
3043 DAWKINS STREET
VERNON, FL 32462



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

20-8934537

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERARD, KIMBERLEY A
3043 DAWKINS STREET
VERNON, FL 32462

Name

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

City

FL

Zip Code

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

Kimberley A. Gerard
Signature, typed or printed name of registered agent and title if applicable.

Kimberley A. Gerard
(NOTE: Registered Agent Signature required when reinstating)

10/31/08
DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
GERARD, JOSEPH T
STREET ADDRESS
3043 DAWKINS STREET
CITY-ST-ZIP
VERNON, FL 32462

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100137568031
11/03/08--01043--020 **138.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 08

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
L. SELLERS

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NOV -5 2008
EXAMINER

☐ Change ☐ 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:

Joseph Gerard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #