

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 29 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L08000104650

1. Limited Liability Company's Name

Innovative Drywall LLC

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

5012 Vernon Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 10045

Suite, Apt. #, etc.

City & State

Tallahassee FLA.

City & State

Tallahassee FLA.

Zip

32317

Country

USA

Zip

32301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/16/08

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

David Harrison

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

5012 Vernon Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

800188173228
11/30/10--01001--015 **\$77.50

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

David Harrison

REGISTERED AGENT MUST SIGN

Date 11/29/10

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
MGR	David Harrison	5012 Vernon Rd	Tallahassee FL 32317

REINSTATEMENT -09-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

David Harrison

Date 11/29/10

Daytime Phone # FSO 445-2608

Typed or printed name of signing Managing Member/Manager

C&P