


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L12000067205</u>					
1. Limited Liability Company's Name ALL phases drywall and remodeling LLC					
2. Principal Office Address - No P.O. Box # 1316 twin rivers blvd		3. Mailing Office Address		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State oviedo fl.		City & State		6. FEI Number 030605339	
Zip 32766	Country usa	Zip	Country	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Steve Craig					
Street Address (P.O. Box Number is Not Acceptable) 1316 twin rivers blvd					
Suite, Apt. #, Etc.					
City Oviedo Fl.		State FL	Zip Code 32766	200259760592 05/22/14--01002--002 **138.75	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent <u><i>Steve Craig</i></u>				Date <u>4-28-14</u>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
	<u>Steve Craig</u>	<u>1316 Twin Rivers Blvd</u>		<u>Oviedo Fl. 32766</u>	
REINSTATEMENT		REINSTATEMENT			
<u>2013-2014</u>		<u>377.50</u>			
				<u>MAY 22 2014</u>	
				<u>R. HUNT</u>	
11. E-mail Address: <u>allphasesdrywallcfl@gmail.com</u>					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager <u><i>Steve Craig</i></u>		Date <u>04-28-14</u>		Daytime Phone # <u>407-242-5878</u>	
Typed or printed name of signing Authorized Representative/Manager <u>Steve Craig</u>					