

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC 15 11 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L12000142105

Troy's Drywall LLC

400266776544
11/21/14--01031--006 ***380.00

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

4254 Deste Ct

Suite, Apt. #, etc.

301

City & State

Lake Worth FL

Zip

33467

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

11-09-2012

6. FEI Number

46-1486863

☐ 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

Troy Higbee

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

4254 Deste Ct

Suite, Apt. #, Etc.

301

City

Lake Worth

State

FL

Zip Code

33467

DEC 16 2014

L. SELLERS

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

Troy Higbee

REGISTERED AGENT MUST SIGN

Date 12/10/14

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
AR-A	Troy Higbee	4254 Deste Ct #301	Lake Worth FL 33467

REINSTATEMENT 2014

11. E-mail Address: troy.higbee@aol.com

(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

Troy Higbee

Date 12/10/14

Daytime Phone # 561-633-1503

Typed or printed name of signing Authorized Representative/Manager Troy Higbee