

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 DEC 17 PM 1:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 516953

1. Corporation Name
 COMMERCIAL DRYWALL, INC.

Principal Place of Business	Mailing Address
RT. 2 BOX 360 MICANOPY FL 32667	RT. 2 BOX 360 MICANOPY FL 32667



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	10/21/1976
5. FEI Number	59-1699715
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED I	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	GIBSON, C BARRY	3336 S.E. 15TH STREET	OCALA FL 34470
			700003091087--4 -01/07/00--01003--008 ****\$600.00 ****\$600.00
			700003091087--4 -01/07/00--01003--009 ****\$150.00 ****\$150.00

8. Name and Address of Current Registered Agent
 GIBSON, C BARRY
 3336 S.E. 15TH STREET
 Ocala FL 34470

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am authorized and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *C. Barry*
 REGISTERED AGENT MUST SIGN
 Date: 10/15/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *C. Barry*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 10/15/99
 Daytime Phone #: 352)591-2138