PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1902

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -2 AM 11:07

SEC... STATE
TALLA... FLORIDA

DOCUMENT # H70913

1. Corporation Name

PATE'S DRYWALL, INC.

REINSTATEMENT 04405

CR2E081 (8/05)

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2. Principal Office Address		**3.** Mailing Office Address	
1235 E. MINNESOTA AVE		1235 E. MINNESOTA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2		2	
City & State		City & State	
DELAND, FL		DELAND, FL	
Zip	Country	Zip	Country
32720-4620	USA	32720-4620	USA

4. Date Incorporated or Qualified To Do Business in Florida 8/3/2005

5. FEI Number 59-2575859 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NEAL PATE

Street Address (P.O. Box Number is Not Acceptable): 1235 E. MINNESOTA AVE

Suite, Apt. #, Etc.: 2

City: DELAND | State: FL | Zip Code: 32720-4620

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Neal Pate — Date: 11/21/2005

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	NEAL PATE	1235 E MINNESOTA	DELAND, FL

800061870278
12/02/05 01051 015 **350.00

10. 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: Neal Pate — 11/21/2005 — 386-734-7409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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PATE'S DRYWALL, INC.

1235 EAST MINNESOTA AVENUE
DELAND, FL 32720-4620
TEL: 386-734-7409

November 25, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32301

RE: Reinstatement of Pate's Drywall, Inc.
Document Number H70913
FEI 59-2575859

Dear Sir,

We are enclosing the application for reinstatement of Pate's Drywall, Inc. along with our check in the amount of $300.00. We would like to request your gracious waiver of a portion of the reinstatement fee.

We did not receive the forms your office mailed out. We moved our office & business location consequently losing a lot of correspondence in doing so. We simply didn't remember that your department would be sending something as important as this; therefore we weren't on top of our game in looking for it. We apologize for this.

If you could help us financially with this waiver, we will certainly be more alert to future renewals. We sincerely appreciate your assistance in getting this matter resolved.

Sincerely,

Neal Pate, President

NP/mac

enclosure