

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H70913

1. Corporation Name

PATE'S DRYWALL, INC.

2. Principal Office Address

1235 E. MINNESOTA AVE

Suite, Apt. #, etc.

2

City & State

DELAND, FL

Zip

32720-4620

Country

USA

3. Mailing Office Address

1235 E. MINNESOTA AVE

Suite, Apt. #, etc.

2

City & State

DELAND, FL

Zip

32720-4620

Country

USA

REINSTATEMENT 04/05

CR2E081 (8/05)

**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

8000061870278
12/02/05 01051 015 **300.00

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

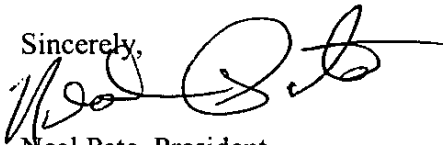
Dear Sir,

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