2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000117305

1. Entity Name
EARL RICHARDS DRYWALL, INC

FILED
05 NOV 30 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
291 KANSAS AVE FORT LAUDERDALE, FL 33312 US	291 KANSAS AVE FORT LAUDERDALE, FL 33312 US

10122005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
7627 Tam o'shanter Blvd Suite, Apt # etc.	P.O. BOX 120535 Suite, Apt. #, etc.
City & State: North Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33068 Country: USA	Zip: 33312 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDS, EARL S 291 KANSAS AVE FORT LAUDERDALE, FL 33312	Name: Earl Richards Street Address (P.O. Box Number is Not Acceptable): 7627 TAM o'shanter Blvd. City: North Lauderdale FL Zip Code: 33068

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 11/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARDS, EARL S 291 KANSAS AVE FORT LAUDERDALE, FL 33312	☐ Delete	P Earl Richards 7627 Tam o'shanter Blvd. North Lauderdale, FL 33068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200061791452 11/30/05--01039--002 **758.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 05	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T. Roberts DEC 01 2005	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11/27/05 (954)914-8538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #