

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000128548

1. Entity Name
PATCH MASTER DRYWALL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 OCT 06 AM 10:36

Principal Place of Business
115 ST. KITTS CIR.
WINTER HAVEN, FL 33884

Mailing Address
P. O. BOX 2214
HAINES CITY, FL 33845

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1 Coyer Road
Suite, Apt. #, etc.



10042006 REIN-P CR2E098 (11/05)

City & State
Haines City FL

4. FEI Number
26-0095034

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MACCALLA, JOHN
115 ST KITTS CIR
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent
Name John MacCalla
Street Address (P.O. Box Number is Not Acceptable)
1 Coyer Rd
City Haines City FL Zip Code 33844

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 John Raymond MacCalla DATE 10-4-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACCALLA, JOHN 115 ST. KITTS CIR. WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 Coyer Road Haines City, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080580135 10/06/06--01050--013 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John R MacCalla DATE 10-4-06 DAYTIME PHONE # 863-557-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #