PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 1994

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 20 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000026470

1. Corporation Name

AMERICAN DRYWALL & PLASTERING, INC.

REINSTATEMENT 96 aa

Principal Place of Business	Mailing Address
6301 SHIRLEY STREET NAPLES FL 33942	6301 SHIRLEY STREET NAPLES FL 33942

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	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/03/1995

5. FEI Number: 65-0568519 ☐ Applied For ☐ Not Applicable

6. Three REQUIRED CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Gene L Gore	2176 J.C Blvd Naples, Fla 33942	
			900002038079--7 -12/26/96--01015--006 ****401.25 ****401.25

8. Name and Address of Current Registered Agent

ABEL, SARALYN
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name: Gene L Gore
Street Address (P.O. Box Number is Not Acceptable): 2176 J.C Blvd
Suite, Apt. #, Etc.:
City: Naples State: FL Zip Code: 33942

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 9-20-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: SIGNATURE REQUIRED 9-20-96 941-514-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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