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4/03/95

FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS FROM: ABEL, BAND, RUSSELL, COLLIER, PITCHF  
DEPARTMENT OF STATE 240 S PINEAPPLE AVE  
STATE OF FLORIDA PO BOX 49948  
409 EAST GAINES STREET SARASOTA FL 34230-6948  
TALLAHASSEE, FL 32399 CONTACT: GAIL W WATKINS  
FAX: (904) 922-4000 PHONE: (813) 366-6660  
FAX: (813) 366-3999

((H95000003798)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: AMERICAN DRYWALL & PLASTERING, INC.  
FAX AUDIT NUMBER: H95000003798 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 04/03/1995 TIME REQUESTED: 15:39:54  
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((H95000003798))

*[Handwritten signature and scribbles]*

STATE OF FLORIDA  
TALLAHASSEE REGION  
APR 03 1995  
CO 01017

11:08 AM 4-11-95  
GAIL W WATKINS

This instrument prepared by:  
John A. Garner, Esq.  
Abel, Band, Russell, Collier,  
Pitchford & Gordon, Chartered  
P. O. Box 49948  
Sarasota, FL 34230-6948  
FL Bar No. 0569992

Audit No. H95000003798

ARTICLES OF INCORPORATION  
OF  
AMERICAN DRYWALL & PLASTERING, INC.

FILED  
95 APR 24 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a Corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of this Corporation is:  
AMERICAN DRYWALL & PLASTERING, INC.

ARTICLE II - TERM OF EXISTENCE

The Corporation is to exist perpetually.

ARTICLE III - PURPOSES

The purposes of the Corporation are to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The shares of stock of this Corporation shall consist of only one class. The number of shares of stock that this Corporation is

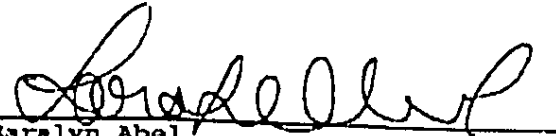


Saralyn Abel

Audit No. H95000003798

240 S. Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

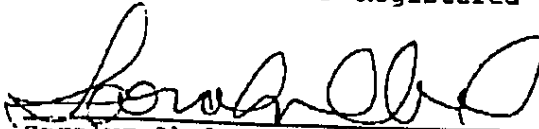
The undersigned has executed these Articles this 3rd day  
of April, 1995.

  
Saralyn Abel

"INCORPORATOR"

Having been named as Registered Agent and to accept service of process for AMERICAN DRYWALL & PLASTERING, INC. at the place designated in the Articles, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

4/3/95  
Date

  
Saralyn Abel  
Registered Agent

FILED  
95 APR 24 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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.

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

REINSTATEMENT 96 00

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

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 JTC Blvd Naples, FL 33942	

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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 JTC Blvd  
Suite, Apt. #, Etc.  
City Naples

State FL Zip Code 33942

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]*  
REGISTERED AGENT MUST SIGN Date 9-20-96

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9-20-96 941-514-0611

CR2E040 (7/96)