

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -1 PM 4:33

DOCUMENT # P95000026470

1. Corporation Name

AMERICAN DRYWALL & PLASTERING, INC.

Principal Place of Business

Mailing Address

844 8TH STREET SOUTH
 NAPLES FL 34102

844 8TH STREET SOUTH
 NAPLES FL 34102

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.
 2176 J & C Blvd
 City & State
 Naples Florida
 Zip
 34109
 Country
 USA

Suite, Apt. #, etc.
 2176 J & C Blvd
 City & State
 Naples Florida
 Zip
 34109
 Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida

04/03/1995

5. FEI Number

65-0568519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED So 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	4 City / State / Zip
P	GORE, GENE L	844 8TH STREET SOUTH	NAPLES FL 34102
			600003038806--4 -11/09/99--01005--017 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORE, GENE L
 844 8TH STREET SOUTH
 NAPLES FL 34102

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 Gene L. Gore
 REGISTERED AGENT MUST SIGN

Date 10-26-99

11. 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: Gene L. Gore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AD
 10-26-99 941-514-0611
 Date Daytime Phone #

CR2E040 (0/99)