PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050242

1. Corporation Name

WALL TO WALL DRYWALL INC.

Principal Place of Business

Mailing Address

1904 BOGIE DR TAMPA FL 33612 1904 BOGIE DR TAMPA FL 33612 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fill ED

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If above a	ddresses are incorrect in any way, I	ing through incorre	ect information an	d enter correction below.	REIN	SIAILME	N 40-4 / 80	
			New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/01/1995		07/01/1995	
Sulte, Apt.	#, e1c.	Suite, Ap	Suite, Apt. #, etc.			er	Applied For	
City & State	9	City & St	City & State			321411	Not Applicable	
Zip	Country	Zip		Country	. 6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Office	er and/or Director	(Florida nonprofit	corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip		
D	BELTZ, DAVID 1904 BC		BOGIE DR		TAMPA FL 33612			
D	BELTZ, MICHELLE		1904 BO	1904 BOGIE DR		TAMPA FL 33612		
1					1	-12/24/97 *****915.	027917 -01033-026 00 ****915.00	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
<u> </u>	G. Name Bild Address of Co	nioni ricgistorea	- Hour	Name				
BELTZ, DAVID				Street Address (P.O. Box Number is Not Acceptable)				
	BOGIE DR							
TAMPA FL 33612				Suite, Apt. #, Etc.				
				City	FL			
10. I, being Signature of Registered	p appointed the registered agent of the Agent Agent A	he above pamed o	AGENT MUST S		obligations of Sec	Date 12-17	-97	
11. Do	pes this corporation p	ay any inta r S. 199.03	ngible tax 2, Florida	to the Statutes. Yes	□ No □		r side for information intangible tex.)	

12. Loertify that Lam 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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.

12-17-97

813 933 7622

Date