PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Kathering Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	516953
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1. Corporation Name

COMMERCIAL DRYWALL, INC.

FILED

99 DEC 17 PM 1: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

						: ANASSE	ב, רנ(JRIDA
Principal Place of Business Ma			Mailing Address		1			
RT. 2 BOX 360 MICANOPY FL 32667			RT. 2 BOX 360 MICANOPY FL 32667					
	addresses are incorrect in any way, line th		nformation and entering Office Address, If			STATEM orated or Qualified	EN	199
Suite, Apt. #, etc. Suit		سے چھے ک	Suite, Apt. #, etc.		To Do Business in Florida 10/21/1976			
		City & State		5. FEI Number Applied Fo. 59-1699715 Not Applied Fo. Not Applied Fo. 159-1699715				
Zip	Country	Zip	Countr	у	CERTIFICATI	OF STATUS DESIRED	i	
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit corpora	itions must list at lea	ast 3 directors)			<u>-</u>
Title(s) 1	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director			City / State / Zip		
PST	GIBSON, C BARRY	•	3336 S.E. 15TH STREET			OCALA FL 34470		
 					 			
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2						*****□〔	10.0U	***************************************
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						-		.
	8. Name and Address of Curren	t Registered Age	ent	Name	9. Name and A	Address of New Regis	stered A	gent
GIBSO	ON, C BARRY	*** * * *** *	할 수 첫/동네와		P.O. Boy Number	is Not Acceptable)		
	S.E. 15TH STREET	<u> — </u>	20 - 1 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 			13 Not Acceptable)		
OCAL	A FL 34470			Suite, Apt. #, Etc				
		`		City			State	Zip Code
10. I, being	appointed the registered agent of the at	ove named	Chells ellis ettalle	and accept the o	bligations of Secti	on 607.0505, F.S	•	, -
Signature of Registered	Agent State Agent	TURE	e requ	JIRED		Date 101	5/9	19
<u> </u>		GISTERED AG	ENT MUST SIGN					
11. I certify this reir	that I am an officer or director or the reci	eiver or trustee er solution has been	npowered to execute eliminated, the corpo	this application as parate name satisfies	provided for in cha	pter 607 or 617, F.S. I of section 607.0401 o	i further o	ertify that when filing

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

CICHATURE AND TOPE OF PRINTED AND TO CONTINUE OF CICHARDO OF CICHA

10/15/99

Daytime Phone #

352)591-2138