


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F0000000 3681</u>			
1. Corporation Name WALL INDUSTRIES, INC.			
2. Principal Office Address 5 Watson Brook Road		3. Mailing Office Address 5 Watson Brook Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Exeter, NH		City & State Exeter, NH	
Zip 03833	Country USA	Zip 03833	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 06/28/2000		5. FEI Number 046070305	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301-2525
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>Camila Simpson, Authorized Representative</u>		Date Sept. 28, 2007	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	James F. McCann Sr.	5 Watson Brook Road	Exeter, NH 03833
T	James Bunt	5 Watson Brook Road	Exeter, NH 03833
S	James F. McCann Jr.	5 Watson Brook Road	Exeter, NH 03833
M	John J. Regan	5 Watson Brook Road	Exeter, NH 03833
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10. 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 contained in Chapter 119, 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: <u>John J. Regan</u>		Date 10/3/07	Daytime Phone # 603 718 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			