	DI 5400			e di Ira e Irabia	D	valADI	ubles on the constant	
APPLICATION FOR		E READ A	ALL INSTHUCTIONS FLORIDA DEPARTMEN Katherine Ha Secretary of S DIVISION OF CORPOR		IT OF STATE rris tate	OMPLET	e de Victorian	
DOCUMENT # H20953				97-99 AR			FILED 99 OCT 20 PH 1: 32	
WILLI'S DRYWALL STUCCO & STONE, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 3515 E. Glenn S 6716 E. Gentry Street Inverness, Fl 34453					1			
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						Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt	#, etc.		Suite, Apt. #, etc.			9-13-1984 Applied For		
City & State			City & State			59-2530933 Not Applicable		
Zip	Country		Zıp	Country	, ···	6. CERTIFICAT	E OF STATE DESIRED for a Certificate of Status	
7. Names	and Street Addresses of Ea		r Director (Flo			st 3 directors)		
Name of Officers and/or Directors 2				l Offi	et Address of Each cer and/or Director e Post Office Box N	umbers)	City / State / Zip	
pres MEDERER, WILLI				6716 E. Gentry St. Inverness, Fl 34452				
vice MEDERER, WILLI			6716 Famoben			ly St.	Druness F1 334482	
						80	00030266581 -10/27/9901073015 ****473.75 ****473.75	
							T8	
<u></u> .	8. Name and Addre	ss of Current R	egistered Age	int		9. Name and	Address of New Registered Agent	
Name						TO. Box Number is not become to be seen to b		
Sulle, April 10 City						eness, FL 34453		
10. 1, being appointed the registered agent of the above pared corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTENED AGENT MUST SIGN Date								
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No No No Intangible lax.)								
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 filling this reinstalement 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.								
SIGNAT	SIGNATURE AN	TYPED OR PAIN LLI MEDI	LOUVE TED NAME OF S ERER	NGNING OFFICER OR D	IRECTOR	a	14. 1889 (352 124-1233) Date Daytime Phone #	

State of Florida Dept. Of Corporations

October 16, 1999

Re: Reinstatement for Willi's Drywall Stucco & Stone, Inc,

H20953

Enclosed please find a cashier's check in the amount of \$473.75 to cover the following reinstatement periods:

1997- \$165.00 1998 150.00 1999 150.00

\$465.00 plus \$8.75 for certificate Ttd of status

Please note that I have enclosed a cashier's certificate to expedite this matter. very sorry for the lateness because we never receive any of these notices as discussed on the phone.

Many thanks for your help in this matter.

Sincerely yours,

Lease Note -The wather in dis cursel into Me. techel who discovered air retres were part Back - that the Means for the delay fost office returned them to Wallaham on some feason