

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 93-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34204

1. Corporation Name
QUALITY DRYWALL & PLASTERING, INC.

97 JUN 23 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3024 N.E. 21st Way
Suite #3
Gainesville, FL 32609

Mailing Address
3024 N. E. 21st Way
Suite #3
Gainesville, FL 32609

REINSTATEMENT 93-97

O. Dunn 6/23/97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12-14-84	
City & State		City & State		5. FEI Number	
Zip		Country		59-2611238	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CARSWELL E. BRYANT	3024 N. E. 21st Way, Ste.#3	Gainesville, FL 32609

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-06/27/97--01016--011
***1418.75 ***1418.75

8. Name and Address of Current Registered Agent

WAYNE C. BRYANT

9. Name and Address of New Registered Agent

Name
CARSWELL E. BRYANT
Street Address (P.O. Box Number is Not Acceptable)
3024 N. E. 21st Way
Suite, Apt. #, Etc.
Suite #3
City
Gainesville
State
FL
Zip
32609

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

[Signature]

REGISTERED AGENT MUST SIGN CARSWELL E. BRYANT

Date 6-19-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on Intangible tax.)

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 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:

[Signature]

CARSWELL E. BRYANT

(352) 378-9613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/96)