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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State		DO NOT WRITE IN THIS SPACE <div style="float: right; font-weight: bold; font-size: 1.2em;">KH</div> <div style="clear: both;"></div>	
1. Name and Mailing Address of Corporation: DOCUMENT # J50547 ACKERMAN'S DRYWALL INC. 1312 Sherman Avenue Tavares, FL 32778		2. If Address in Block 1 is incorrect in any way, enter the correct address below Address <u>Same</u> City and State _____ Zip Code _____ 3. If Principle Office Address is different from mailing address, enter address below Address <u>Same</u> City and State _____ Zip Code _____	
4. Date Incorporated or Qualified To Do Business in Florida 12/29/86	5. FE# Number 59-2767131	FE# Number Applied For _____ FE# Number Not Applicable _____	\$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
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
Pres.	Diane J. Ackerman	1312 Sherman Ave.	Tavares, FL 32778
Sec Treas	Richard J. Ackerman	1312 Sherman Ave.	Tavares, FL 32778
			600002905866--0 -06/16/99--01003--001 ***1200.00 ***1200.00
REINSTATEMENT			96-99
REGISTERED AGENT INFORMATION		9. If changed, new registered agent / office Name Diane J. Ackerman Street Address (Do NOT Use P.O. Box Number) 1312 Sherman Avenue Street Address (Do NOT Use P.O. Box Number) Tavares, FL 32778 City Tavares, State FL Zip 32778	
8. Name and Address of Current Registered Agent Richard J. Ackerman 1312 Sherman Avenue Tavares FL 32778		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 <u>Diane J. Ackerman</u> Date 06/03/99 <div style="clear: both;"></div>	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director <u>Diane J. Ackerman</u>		Date 6-3-99 Daytime Phone # 352343-6960	
Typed or printed name of signing officer or director Diane J. Ackerman			

CR2E040 (8/92)