



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J89887 1. Entity Name B & R DRYWALL, INC.					
Principal Place of Business 4042 N ECONLOCKHATCHEE TR ORLANDO, FL 32817 US			Mailing Address 4042 N ECONLOCKHATCHEE TR ORLANDO, FL 32817 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT 2005</div> <div style="font-size: 0.8em;"> 10/24/05 10:19:05 AM SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> 	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2837163				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CULTON, II., ROBERT (DITTMER & WILDER) 539 VERSAILLES FRIVE SUITE #100 WINTER PARK, FL 32794-5154				7. Name and Address of New Registered Agent Name Moore, Barbara Street Address (P.O. Box Number is Not Acceptable) 4042 N. Econlockhatchee Trail City Orlando FL Zip Code 32817	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Barbara Moore</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-17-05</u>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input type="checkbox"/> Delete MOORE, BARBARA 4042 N ECONLOCKHATCHEE TRAIL ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060897983 10/24/05--01058--008 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MOORE, JR., WILLIAM 4042 ECONLOCKHATCHEE TRAIL ORLANDO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Barbara Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>10-17-05</u> <u>4072578317</u> <small>Date Daytime Phone #</small>		