

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -4 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

K59730

1. Corporation Name

all American Drywall
Incorporated

2. Principal Office Address

1882 PORTER LK DR.

Suite, Apt. #, etc.

SUITE 101

City & State

SARASOTA FLORIDA

Zip

34240

Country

SARASOTA

3. Mailing Office Address

1882 PORTER LK. DR.

Suite, Apt. #, etc.

SUITE 101

City & State

SARASOTA FLORIDA

Zip

34240

Country

SARASOTA

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

01-20-1989

5. FEI Number

650091218

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MYLES K. SLOAN

700004911977-2

Street Address (P.O. Box Number is Not Acceptable)

3985 HELENE ST

02/12/02-01059-025

****317.50 ****17.50

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34233

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

Myles K. Sloan

Date 1-10-02

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 M. MAXEY	4855 Bliss Rd	SARASOTA FL. 34233
VP	MYLES K. SLOAN	3985 HELENE ST	SARASOTA FL. 34233

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 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:

Myles K. Sloan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-02

Date

941-378-9223

Daytime Phone #

CR2E081 (9/01)