



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -4 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT** **UBR**

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 <b>1882 PORTER LK DR.</b>		3. Mailing Office Address <b>1882 PORTER LK DR.</b>	
Suite, Apt. #: etc. <b>SUITE 101</b>		Suite, Apt. #: etc. <b>SUITE 101</b>	
City & State <b>SARASOTA FLORIDA</b>		City & State <b>SARASOTA FLORIDA</b>	
Zip <b>34240</b>	Country <b>SARASOTA</b>	Zip <b>34240</b>	Country <b>SARASOTA</b>

**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**

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** **1-2-02** **941-378-9223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)