

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L78049

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** BOBBY ASHLEY DRYWALL SPRAY SERVICE, INC.

**Current Principal Place of Business:**

3104 AVEUNU F NORTH WEST  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

407 PLYMOUTH DRIVE  
AUBURNDAL, FL 33823 US

**Current Mailing Address:**

3104 AVEUNU F NORTH WEST  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

407 PLYMOUTH DRIVE  
AUBURNDAL, FL 33823 US

**FEI Number:** 59-3014238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHLEY, BOBBY N.  
3104 AVENUE F NORTH WEST  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

ASHLEY, BOBBY N  
407 PLYMOUTH DRIVE  
AUBURNDAL, FL 33823 US

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.

SIGNATURE: BOBBY N ASHLEY

02/25/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ASHLEY, BOBBY N  
Address: 407 PLYMOUTH DRIVE  
City-St-Zip: AUBURNDAL, FL 33823

Title: SD  
Name: ASHLEY, BEVERLY A  
Address: 407 PLYMOUTH DRIVE  
City-St-Zip: AUBURNDAL, FL 33823

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOBBY N ASHLEY

D

02/25/2010

Electronic Signature of Signing Officer or Director

Date