

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 30 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005983

1. Corporation Name

M. R. DRYWALL TEXTURING, INC.

Principal Place of Business

212 NEEDHAM CT.
OVIEDO FL 32765

Mailing Address

212 NEEDHAM CT.
OVIEDO FL 32765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3626805

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROTHFUSS, MATTHEW	212 NEEDHAM CT.	OVIEDO FL 32765

800008708838

10/30/02--01116--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROTHFUSS, MATTHEW
212 NEEDHAM CT.
OVIEDO FL 32765

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-26-02

11. 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:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-02

Date

Daytime Phone #

407-595-2906

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee Fl 32314-6327

Corporation Name: M.R. Drywall Texturing, INC.
FEI #59-3626805
Document#P00000005983

Dear Sir or Madam,

This letter is to inform you we did not receive the two prior uniform business report notices. We apologize for inconvenience this has caused. We are a family owned business acting in good faith. Please contact us at the following number if you have any questions or concerns. Thank you for your patience and understanding.

Sincerely yours,



Matthew Rothfuss
Director, M.R. Drywall Texturing, INC.
212 Needham Court
Oviedo, Fl 32765
(407)366-2901