

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 20 AM 8:40

01-024BRC

DOCUMENT # P00000019140

1. Corporation Name

Complete Drywall & Framing Inc.

2. Principal Office Address

2605 Redwood St

Suite, Apt. #, etc.

C

City & State

Panama City Beach FL

Zip

32406

Country

US

3. Mailing Office Address

2605 Redwood St

Suite, Apt. #, etc.

C

City & State

Panama City Beach FL

Zip

32408

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/21/2000

5. FEI Number

593632986

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

Greg Jordan

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

2605 Redwood St

Suite, Apt. #, Etc.

C

City

Panama City Beach

State

FL

Zip Code

32408

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

Greg Jordan

REGISTERED AGENT MUST SIGN

Date 08-20-02

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
President	Greg Jordan	2605 Redwood St Apt C	Panama City Beach FL 32408

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08/20/02 01012-006

***309.00 ***309.00

[Signature]

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:

Greg Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-20-02

Date

850 245-1533

Daytime Phone #

CR2E081 (9/01)

...To whom it may concern, I did not receive
annual report for Corporation, Complete Drywall /
Framing. I am requesting you waive any Penalty Fees,

Greg Paul President

Zel